mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state N. B.—WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-Exact statement of OCCUPA-CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate. MARGIN RESERVED FOR BINDING

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	11-5
county Mandgomery	Registration Dist. No. 217
Village or City Sandy Spring (16	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town waare death occurredyrs,mos	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Jurner Scott ad	ams
(a) Residence: No. Sandy Shrung (Usual placed abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE Black 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) The second of the second o	21. DATE OF DEATH  (Month)  (Day)  (Yeer)
5a. If merried, widowed, or divorced HU3BAND of	22 I HEREBY CERTIFY, Thet I attended decessed from
(or) WIFE of Emma adams	1 HEREBY CERTIFY, Thet I attended decesed from
6. DATE OF BIRTH (month, day, and year) Sept. 10 · 1853	I last saw ham elive on Jamaen 14, 19.33; deeth is seld
7. AGE Yeers Months Deys If LESS then	to have occurred on the date steted above, at 12:30 A-m.
79 4 4 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH end releted ceuses of importance were as follows:
2 Trade profession or particular	Date of oneet
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Groncho preumoned
work wes done, as SILK MILL.	
SAW MILL, BANK, etc	
O 10. Dete deceesed last worked et this occupation (month end year) occupation occupation	
3)	Other Coutributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	7 ///
	Squeuza
E DA	
(Stete or country)	Neme of operation
	Whet test confirmed diagnosis?
I MANEGORO	23. If deeth wes due to externel causes (VIDLENCE) fill in elso the following:
16. BIRTHPLACE (city or town)(State or country)	Accident, suicide, or homicide? Date of injury, 19  Where did injury occur?
8 01	(Specify city or town, county and State)
17. INFORMANT ma Ladams (Address) Sandy 5 bring	Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE,
18. BURIAL, CREMATION, OR REMOVAD	Menner of injury
Place Dandy Springs Dete June 16-, 19 33	Nature of Injury
19. UNDERTAKER Warner Charles (Address)	24. Wes disease or Injury In any way related to occupation of deceased?
20. FILED Jan 15, 133 Charmoley Registrar.	(Signed) Charles Springleson M. D.
	2411 N. Charles Street, Baltimore, Requesting U. S. Nd. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronie interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BORWAU V.S.			
Other contributory eauses of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
------------	-------	-----	---------	------------	----	-----------

PHYSICIANS should state mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. ECORD. Every item of infor-TH UNFADING INK-THIS IS A PERMANENT N. B.—WRITE PLAINLY, W

MARGIN RESERVED FOR BINDING

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 00719
1. PLACE OF DEATH	(33)
County Montgomery	Registration Dist. No.
Village or City Taxoma Parx	NoWashington Saniterium + 20 aspital Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos	ds. How long in U.S. if of foreign birth?yrsmosds
2. FULL NAME Mrs. Celia Bernstein	
(a) Residence: No. 103 Trock Creek Church (Usual place of abode)	Yeak, Ward Washington, D. C. If nongoident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Female 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married	21. DATE OF DEATH  January 19, 193 3  (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY. That I attended deceased from
(or) WIFE of Benjamin Bernstein	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) June 25, 1890	I last saw h M alive on Jan, 19 ,1933 death is seld
7. AGE Years Months Days II LESS than	to have occurred on the date stated above, at 15m.
42 6 25 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	West of 2
	A from the state that
9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc.	De Landon to the 1/100
11. Total time (years) spent in this year)  12. Total time (years) spent in this occupation currently	sufficient 1
₽.	Other Contributory Consent importance
12. BIRTHPLACE (city or town)	former and the state of the sta
	Chaine faith
E	- Jane
14. BIRTHPLACE (city or town) 15 U.S. S. I.O. (State or country)	Name of operation.  What test confirmed diagnosis?  Was there an autopsy?
# 15. MAIDEN NAME Lena Dennis	What test confirmed diagnosis?
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
16. BIRTHPLACE (city or town) Cstate or country)	Where did injury occur?
17. INFORMANTWashington Sanitarium Record	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Takoma Fark, Md.  18. BURIAL CREMATION, OR REMOVAL	Manage of injury
Place Wash. W. C. Date Jan. 19, 19 33	Manner of injury
19. UNDERTAKER B. Daugausky (Address) 3581-14 - States	24. Was disease or Injury in any way related to occupation of deceased? 25
20. FILED Jan 19 , 1933 Head The Registrar.	(Signed) Sakoma Vark Tru M. 1
If more blanks are needed, address State Registrar.	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arterioselerosis 1915 Attack of epilepsy 1 week ago Chronie interstitial nephritis Run over by street car 1921 1 week ago Cerebral hemorrhage July 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

MARGIN RESERVED FOR BINDING

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH	720
1. PLACE OF DEATH	0.1	1
County / Yland gamely	Registration Dist. No.	£
Village or City School (If	No. St., death occurred in a horpital or institution, give its NAME instead of street and num	Ward
Length of residence in city or town where death occurredyrs,mos	ds. How long in U.S. if of foreign birth?yrsmos	ds.
2. FULL NAME John dawrence	Best	
(a) Residence: No. 0 Strove	St., Ward.	
(Usual place of abode)	If nonresident give city or town and Sta	ite
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIOOWED, OR DIVORCED (write the word)	21. DATE OF DEATH	. 7
Male Write married	(Month) (Oay)	(Year)
5a. If married, widowed, or divorced HUSBAND of (or)-WIEE-of 920000	22. I HEREBY CERTIFY. That I stiended deg	eased from
(a) with a could be in the court	December 31, 1937, 10 Junian 6"	19.3.3
6. DATE OF BIRTH (month, day, and year) Sehtember 14,1869		eath is said
7. AGE Years Months Oays If LESS than	to have occurred on the date stated above, at 1000 -m.	
63 3 23 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows	
8. Trade, profession, or particular	(1) Influence	ete of onset
kind of work done, as SPINNER, Harmen		7
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL. SAW MILL, BANK, etc.  10. Oate deceased last worked at this corruption (month and	2) Dobar messonia /	-4-19
10. Oate deceased last worked at this occupation (month and year) 1932 11. Total time (years) 1932 occupation tenns		
	Other Contributory Causes of Importance:	
12. BIRTHPLACE (city or town) + reclements (State or country)		
E CONTRACTOR OF THE PROPERTY O	20	
4. BIRTHPLACE (city or town) Theclerick (State or country)	Name of operation / Correct Oate of	7-
	What test confirmed diagnosis? Was there an auto	psy?_/_
H Jacobs in the	23. If death was due to external causes (VIOL ENCE) fill in also the following:	42
O 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? Oate of Injury Where did injury occur?	., 19
17. INFORMANT MAD Helen M. Pennell (Address) 423 Human At Change	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
18. BURIAL, CREMATION, OR REMOVAL	Manageria	**********
Place Mockeyelle Date Jan 9, 1933	Nature of injury	
19. UNOERTAKER Degroes Sumphyey	24. Was disease or injury In any way related to occupation of deceased? 22	J
(Address) If rekville Imf	If so, specify	
20. FILEO Jan 8, 1933 J. E. Dudling P. Septa Roserrar.	(Signed). Address) 928 Show and Simily	my b
If more blanks are needed, address State Registrar	24 V. Charles Street Beltimore Pourstin Cl S No.	- 17-7

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of cpilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
The state of the s			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

# STATE OF MARYLAND—CERTIFICATE OF DEATH

12200

1. PLACE OF DEATH	(1-8)
County Montgomery	Registration Dist. No. 218
Village or City 70 Classoville	No. St. Ward
(If	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs,mos	ds. How long in U.S. If of foreign birth?yrsmosds.
2. FULL NAME Raymond Usbury Gol	lon
(a) Residence: No. O Clarpville hel	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS  3. SEX 4. COLOR OR RACE   5. SINGLE MARRIED WINDOWSD	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR BACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
male Whale married	(Month) (Day) (Year)
5a. If merried, widowed, or divorced HUSBAND of (or) WIFE of  Burdelle	22. I HEREBY CERTIFY. That I attended deceased from
(W) WILL OF JURGENCE	Jan. 14 1923 to Jan 18 1933
6. DATE OF BIRTH (month, day, end yeer) 1903 mag 15	Hast saw h elive on Jan 17 1933 ; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, et 6.30 am.
29 8 3 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end releted causes of importence were as follows:
8 Trade profession or particular	Lobar mumoria - Datgefonset
kind of work done, es SPINNER, Carhomler	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and	
SAW MILL, BANK, etc	
this occupation (month and /9-33 spant in this occupation 5	
	Other Contributory Canses of importance: 21
12. BIRTHPLACE (city or town) May (State or country)	Infectious Cold 12hyay
E /	
4 14. BIRTHPLACE (city or town) (State or country)	Name of operation Dete of
15. MAIDEN NAME Ila Bogley	Whet test confirmed diegnosis? Was there an au opsy? Lo_
H TO THE WAY OF THE PARTY OF TH	23. If death was due to external causes (VIOLENCE) fill in elso the following:
16. BIRTHPLACE (city or town) (Stale or country)	Accident, suicide, or homlcide?, 19, 19, 19
01. 12	Where did injury occur? (Specify city or lown, county and State)
17. INFORMANT And Isotton	Specify whether injury occurred In INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL C. 7 2010	Manage of Lainer
Place of Controlle Date - 20 1943	Nature of Injury
B 12/18	2
19. UNDERTAKER OF GARAGES	24. Has discuss of injuly in any way related to occupation of deceased?
	(Signed) Longe M. Bourn M.
20. FILED Jaw 20, 1933 Rachel D. Elehunge	(Ardress) Damonaky m.
1,000 01. 7. 6. 6. 6. 6. 6. 6. 6. 6. 6. 6. 6. 6. 6.	The state of the s

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish earefully the different kinds of engineers by stating the full descriptive titles, as eivil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as earpenter, painter, machinist, etc. Distinguish earefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II	
The principal cause of death and related eauses of importance were as follows:		The principal eause of death and related causes of importance were as follows:	Date of onset
21/10/10/2019	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
	-		
Other contributory causes of importance:	-	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

FOR BINDING

MARGIN RESERVED

STATE OF MARYLAND—	CERTIFICATE OF DEATH UUTZZ
1. PLACE OF DEATH	95.9
County Montg Co	Registration Dist. No. 2/8
Village or CityGaithersburg Md or	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	ds How long in U.S. if of foreign birth?
2. FULL NAME Sarah C Bottlemay	
(a) Residence: No. Gaithersburg Mad	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS  3. SEX   4. COLOR OR RACE   5. SINGLE, MARRIED, WIDOWED,	MEDICAL CERTIFICATE OF DEATH  21. DATE OF DEATH
Female White OR DIVORCED ("write the word)	(Month) (Day) (Year)
Fa. If married, widowed, or divorced HUSBAND of (or) WIFE of Bottlewey	22. I HEREBY CERTIFY. That I attended deceased from  22. 1932 to face 13 1933
6. DATE OF BIRTH (month, day, endyear) Aug 17th 1865	I lest saw his alive on Jan 13 ,1993; death is said
7. AGE Years Months Days If LESS than	to have occurred on the dete stated above, at 2, 20 Pm.
1865 67 4 26 or min.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Chronic Carolis Newal desiare 12.20-33
9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc	
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation	
12. BIRTHPLACE (city or town) Virginia	Other Contributory Causes of importance:
(State or country)	Parke parenegonations maphritie : one week.
13. NAME James Ridgeway	Cwest
14. BIRTHPLACE (city or town) Va	Neme of operation Date of
(State or country)	What test confirmed diagnosis?
15. MAIDEN NAME Susie Steward	23. If death was due to external causes (VIOL ENCE) fill in also the following:
D 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
Mrs Walter Reinhart (Address) Gaithersburg Md	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Jan I5th Gaithersbung	Nature of Injury
19. UNDERTAKER Ernest C Gartner (Address) Goithean	24. Wes disease or injury in any way releted to occupation of deceased?
20. FILED 1/14 1933 Rachel Etcliese Registrar.	(Signed) Fronchart M.D.  (Address) Lurshwang MA
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Burne			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

PHYSICIANS should state RECORD. Every Hem of infor-Exact statement of OCCUPAmation should be carefully supplied. AGE should be stated EXACTLY. N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT CAUSE OF DEATH in plain terms, so that it may be properly classified. MARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate.

Dura

V. S. No. 1

1, PLACE OF DEATH	DECERTIFICATE OF DEATH
County montgomery	Posichatian Diet No. 7 //
	Registration Dist. No d 11
Village or City Ne. House State  Langth of residence in city or town where death occurred 30 yrs.	NoSt.,Ward  (If death occurred in a hospital or institution, give its NAME instead of street and number) mosds. How long in U.S. if of foralgn birth?yrsmosds.
P. Q.M. Q.	
	wning
(a) Residence: No. Ms. Jewis Julie (Usual place of abode)	/St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDO' OR DIVORCED (write the v	word) an 13 1993
5a. If married, widowed, or divorced HUSBAND of	(Month) (Day) (Yeer)
(or) WIFE of Samuel H. Brownin	22. I HEREBY CERTIFY, That I attended decaased from
6. DATE OF BIRTH (month, day, and year) May 8, 1870	I last saw here aliva on Dans 6 , 1933; death is said
7. AGE Yaars Months Days If LESS	To the control of the data states above, at
62 8 5 1 day,	min were as follows:
8 Trade profession or particular	Protably Cerebral Heamonlage Date of onest,
SAWYER, BOOKKEEPER, etc.	Comvulsions. Paralygad on left side Curan
	de d
SAW MILL, BANK, etc	Endance of intracranial pressure for about
this occupation (month and 1930 spentin this year)	o me year. Paralysis a few days before death
	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) Nr.   Marine Marine (State or country)	Mostathy Lumor on Brain 18 mos.
1 2 00	Note known whether bosin tumor was
	beniga or malignant
(State or country)	Name of operation
15. MAIDEN NAME Mary Ellen Lewis	What test confirmed diagnosis? Was there an au opsy?
	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) M. Olimanuty  (Stata or country)	Accident, suicide, or homicide?
17. INFORMANT Dannel H. Browning	Where did injury occur?  (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manage of Jelium.
Collies da Clevech	Manner of injury
19. UNDERTAKER Roy H. Barber (Addiess) Fautomillo md.	24. Was disease or Injury in any way related to occupation of deceased? 200.
20, FILED Jan 14, 1933 Della ON Burdi	(Signed) Serve M. Boyon M. D.  (Ardress) Damaseule M. M. D.

CTATE OF MADVIAND CEDTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, eook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as groeery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as eivil engineer, unchanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be ealled a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July5,1927	of importance were as follows:  1915 Attack of epilepsy  1921 Run over by street car  July 5, 1927 Peritonitis  Other contributory causes of importance:

PHYSICIANS should state ECORD. Every item of inforof OCCUPA. Exact statement stated EXACTLY properly classified. TH UNFADING INK-THIS IS A PERMANEN MARGIN RESERVED FOR BINDING See instructions on back of certificate. pe AGE should be CAUSE OF DEATH in plain terms, so that it may mation should be carefully supplied. TION is very important.

# STATE OF MARYLAND-CERTIFICATE OF DEATH

6.0	. 1	1	1	11
Ų,	V		6	*

1. PLACE OF DEATH	
County Montgomery	Registration Dist. No. 2/3
Village or City Rochwiffle	No. St., Ward ldeath occurred in a hospital or institution, give its NAME instead of street and number)
14-11	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME	runett
(a) Residence: No. Rochwill Ind. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX of 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  (Month)  (Day)  (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended decessed from
6. DATE OF BIRTH (month, day, and year) Jan. 8, 1933	I last saw h. elive on Jan 8 ,1933; death is seid
7. AGE Years Months Deys If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, atm.  The PRINCIPAL CAUSE OF DEATH and related ceuses of Importance were as follows:
8. Trade, profession, or perticuler kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work wes done, es SILK MILL, SAW MILL, BANK, etc.  10. Date deceased lest worked at this occupation (month and spent in this	Stillberth - Misearreg Jan 8 at I months J1933
12. BIRTHPLACE (city or town)  (State or country)	Other Contributory Canses of importence:
13. NAME advisor L. Brunell	parenoun
13. NAME Adrian J. Brunelf  14. BIRTHPLACE (city or town) Rochwelle (State or country)	Name of operation Date of What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME annelle Bell	23. If death was due to externel ceuses (VIQL ENCE) fill in also the following:
15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)  15. MAIDEN NAME  Cryptople  (State or country)	Accident, suicide, or homicide?
17. INFORMANT Ms Ciduan J. Dunell (Address) Rockville Ind	Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL  Place An Junior Date June 8, 1933	Manner of Injury
19. UNDERTAKER (Address)	24. Was disease or Injury in any way related to occupation of deceased?
20. FILED 1 - 8 , 1933 Trus. W.J. Pratt Registrar.	(Signed) M.D.  (Address) A activity M.D.
***************************************	The state of the s

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
			ь
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

1. PLACE OF DEATH  County  Willage or City  Langth of residence in city or Iown where death occurred.  Will down become in a height of contents of the county.  It may be a shape in 3.5. If of foreign britch.  Ward.  Ward.  Ward.  Ward.  It monresidest give city or Iown and State  PERSONAL AND STATISTICAL PARTICULARS  S. SINGLE, MARRED, WIDOWED,  OR DOWNED of BRITHE (month), day, and year)  If may be downed on a sile of british of the county of th	STATE OF MARYLAND—	CERTIFICATE OF DEATH UUITAS
Village or City  Length of residence in city of town where death courred  Length of residence in city of town where death courred  Length of residence in city of town where death courred  Visal preceded by the courred  Length of residence in city of town where death courred  (a) Residence: No.  Clinas preceded by the courred  Length of residence in city of town where death courred  (a) Residence: No.  Clinas preceded by the courred  Length of residence in city of town where death courred  (b) St. Ward.  If nonresident give city or town and State  PERSONAL AND STATISTICAL PARTICULARS  S. SINGLE, MARRIED, WIDOWED.  OR DIVENCESO (own to be upon)  S. LI Warried, Widowed, or diverged  (a) Wile of Courred  (b) Show Governor, or diverged  (b) Wile of Courred  (c) Option of courred  SAN VER, BODNECESO (courred)  SAN VER, BODNECESO (courred)  S. SINGLE, ALLEY COURTED  Length of residence in the case special above, et. II VI form.  Date of more courred on the date special above, et. II VI form.  Date of courred  The PRINCIPAL CAUSE OF BEATH and related courses of importance  Warried, with course of town.  Courred  S. Will, BARK, etc.  D. Option decaded list worked at special above, et. II VI form.  SAN VIEL, BARK, etc.  D. Option decaded list worked at special above, et. II VI form.  Sand very country)  Manual Courred  The PRINCIPAL CAUSE OF BEATH and related courses of importance:  Ditter country)  Date of country  What test confirmed diagnosity.  Leading the country  No.  Salt or country)  Manual Courred  What test confirmed diagnosity.  Leading the country of town.  Country  Specify whether injury occurred in INDUSTRY, is NOME, or in PIBLIC PLACE.  Academ, solicide, or homicide?  Date of injury.  19. UNDERTAKER DM. PREMOND, Date of injury.  19. UNDERTAKER DM. PREMOND, Date of injury.  20. FileD. AM CALL, 19.33. CO DATE DATE of injury.  21. Specify whether injury occurred in INDUSTRY, is NOME, or in PIBLIC PLACE.  Manual Courred  Manual Courred  The provided of special country in any way related to occupation of decass	1. PLACE OF DEATH	948
Village or City  Length of residence in city or twent where deep the courted  Ward  Length of residence in city or twent where deep the courted  Ward  2. FULL NAME  (a) Residence: No.  Changing of a hoods:  Ward.  If nomesident give city or town and State  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE  5. SIRVENTIAL OR RACE  6. DATE OF BRITH (month, day, and year)  7. AGE  Vests  6. DATE OF BRITH (month, day, and year)  7. TAGE  Vests  6. DATE OF BRITH (month, day, and year)  7. TAGE  Vests  6. DATE OF BRITH (month, day, and year)  7. TAGE  Vests  6. DATE OF BRITH (month, day, and year)  7. TAGE  Vests  6. DATE OF BRITH (month, day, and year)  7. TAGE  Vests  6. DATE OF BRITH (month, day, and year)  7. TAGE  Vests  6. DATE OF BRITH (month, day, and year)  7. TAGE  Vests  6. DATE OF BRITH (month, day, and year)  7. TAGE  Vests  6. DATE OF BRITH (month, day, and year)  7. TAGE  Vests  6. DATE OF BRITH (month, day, and year)  7. TAGE  Vests  6. DATE OF BRITH (month, day, and year)  7. TAGE  Vests  6. DATE OF BRITH (month, day, and year)  7. TAGE  Vests  6. DATE OF BRITH (month, day, and year)  7. TAGE  Vests  6. DATE OF BRITH (month, day, and year)  7. TAGE  Vests  7. TAGE  V	County Food ameng	Registration Dist. No. 217
Length of residence in city of town where death occurred yrs. mos. 3s. No. 3s.		No. The monto County Teneral Hospital Ward
2. FULL NAME  (a) Residence: No	Langth of residence in city or town where document	death occurred in a hospital of institution, give its NAME instead of street and number)
(a) Residence: ND.  (Unapper of abode)  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE OR DIVORCED (write the ward)  5. DATE OF BIRTH (month, day, and year)  7. AGE  Year:  Months  1. The PERNCIPAL CAUSE OF DEATH  1. Saw M. Amus alive on the date signed above, et. II 1454m. The PERNCIPAL CAUSE OF DEATH and related causes of importance were as roldown.  Date of seased last worked at signed above, et. II 1454m.  The PERNCIPAL CAUSE OF DEATH and related causes of importance were as roldown.  Date of seased last worked at signed above, et. II 1. Total thin (repers) Spent in this occupation (month and year)  OB Ditter Coatributory Causes of importance:  12. BIRTHPLACE (city or town).  Man of operation.  Was there an autopay?  Man of operation.  What test confirmed diagnosis?  Example of the country)  Where did injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.  Manner of injury  12. INFORMANT.  Man of operation.  What test confirmed diagnosis?  Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.  Memor of injury  12. UNDERTAKER  DATE OF DEATH  1. Total titlended deceased from the public PLACE.  MEDICAL CERTIFICATE OF DEATH  2. DATE OF DEATH  3. SAW IN Amount alive on the date signed above, et. II 1454m.  The PERNCIPAL CAUSE OF DEATH and related accurse of importance.  Date of causes  1. Jan 1	(D. 0 0) 0 0 0	ds.
PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (varie the word) O(v) WIFE of O		ich July
PERSONAL AND STATISTICAL PARTICULARS  3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Covers the ward 5. If married, widowed, or diverged (Month) 6. Date of BERTH (Month), day, and year) 7. AGE 8. Trade, profession, or particular (Month) 7. AGE 8. Trade, profession, or particular (Month) 8. SAW MILL, BANK, etc.  8. Trade, profession, or particular (Month) 8. SAW MILL, BANK, etc.  9. Accident, success of importance (Month) 9. Accident, success of		
3. SEX 4. COLOR OR RACE ON SINGLE, MARRED, WIDOWED, ORD DIVORCED Cwrite the ward)  53. If married, widowed, or divorsed (cor) wife of Control of State of Country (control of State or country)  65. DATE OF BIRTH (month, day, and year)  66. DATE OF BIRTH (month, day, and year)  77. AGE  Year:  87. AGE  Year:  88. Trade, profession, or particular or common or common or common or country or business in which work was done as SIK MILL, SAW MILL, BAIK, site.  88. SAWYER, BORKEEPER, etc.  88. WYER, BORKEEPER, etc.  89. AND SIK MILL, SAW MILL, BAIK, site.  90. Date of country)  129. BIRTHPLACE (city or town).  (State or country)  131. NAME  14. BIRTHPLACE (city or town).  (State or country)  15. MAIDEN NAME  16. (Site or country)  16. (State or country)  17. INFORMANT  18. BURIAL, GERMATION, OR REMOVAL  Place AM. Placet, Turkhale Date.  18. BURIAL, GERMATION, OR REMOVAL  Place AM. Placet, Turkhale Date.  18. BURIAL, GERMATION, OR REMOVAL  Place AM. Placet, Turkhale Date.  18. BURIAL, GERMATION, OR REMOVAL  Place AM. Placet, Turkhale Date.  19. SAN BURIAL, GERMATION, OR REMOVAL  Place AM. Placet, Turkhale Date.  18. BURIAL, GERMATION, OR REMOVAL  Place AM. Placet, Turkhale Date.  18. BURIAL, GERMATION, OR REMOVAL  Place AM. Placet, Turkhale Date.  18. BURIAL, GERMATION, OR REMOVAL  Place AM. Placet, Turkhale Date.  18. BURIAL, GERMATION, OR REMOVAL  Place AM. Placet, Turkhale Date.  18. BURIAL, GERMATION, OR REMOVAL  Place AM. Placet, Turkhale Date.  19. SAN BURIAL, GERMATION, OR REMOVAL  Place AM. Placet, Turkhale Date.  19. Was disease or Injury in any way related to occupation of deceased?  19. Was disease or Injury in any way related to occupation of deceased?  19. SAN BURIAL, GERMATION, OR REMOVAL  19. Was disease or Injury in any way related to occupation of deceased?  19. Was disease or Injury in any way related to occupation of deceased?  19. Was disease or Injury in any way related to occupation of deceased?  19. Sopoly  19. UNDERTAKER  19. AG. SAN BURIAL GERMATION, OR REMOVAL  Place AM. Placet AM. D. M. D. (Ad		
5.9. If married, widowed, or divorged (or) WiFe of Agarma (assessment of the property of the p	a de de la la de la	
Sa. If married, viclowed, or divorged HUSARD (1997) with a support of the support	male white OR DIVORCED (write the word)	
6. DATE OF BIRTH (month, day, and year)  7. AGE  7. AGE  8. Trade, profession, or particular sind of work done, as SPINNER, SAWER, BODKEFEFR, etc.  9. SAWER, BODKEFEFR, etc.  11. Total time (yeers) spent in this occupation (month and spent in this observed in the profession (month and spent in this occupation (month	5a. If married, widowed, or divorced	(Month) (Day) (Year)
6. DATE OF BIRTH (month, day, and year)  7. AGE  Years  Months  7. Iday, hrs. or. min.  8. Trade, profession, or particular is dof work done, as SPINNER, SAWYER, BODKKEFFR, etc.  9. Industry or business in which work was done, as SILK MILL, SPINICE (city or town).  (State or country)  12. BIRTHPLACE (city or town).  (State or country)  13. NAME  14. BIRTHPLACE (city or town).  (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town).  (State or country)  17. INDEMANT.  18. ACCOUNTY Or DESIRED AND A COUNTY OR DESIRED AN	(or) WIFE of	10 and a second deceased from
7. AGE  Years  Months  7. I day,	m	
8. Trade, profession, or particular wind of work done, as SPINNER, SWAMPLE, BONKEPER, etc.  9. Industry or business in which security of the work and the security of the work and the security of the securit		
8. Trade, profession, or particular kind of work done as SPINNER.  9 Industry or business in which SAW FRE, BORKEPER, etc.  10. Date donese which was done as SPINNER.  SAW MILL, BARK, etc.  10. Date decased last worked at this secupation (month and secupation).  12. BIRTHPLACE (city or town).  (State or country)  13. NAME  14. BIRTHPLACE (city or town).  (State or country)  15. BIRTHPLACE (city or town).  (State or country)  16. BIRTHPLACE (city or town).  (State or country)  17. INFORMANT.  18. BURTHPLACE (city or town).  (State or country)  19. UNDERMANT.  19. What test confirmed diagnosis?  20. FILED  17. INFORMANT.  18. BURTHPLACE (city or town).  (State or country)  19. What test confirmed diagnosis?  Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.  Menner of injury.  19. Whener did injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.  Menner of injury.  19. UNDERTAKER  19. What test confirmed injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.  Menner of injury.  24. Was disease or Injury in any way related to occupation of deceased?  11. So, positive deceased as the second of the seased?  11. So, positive deceased as the sease of importance:  11. Total time (yeers)  11. Data of importance:  12. BIRTHPLACE (city or town).  (State or country)  13. InfoRMANT  Menner of injury.  14. Was disease or Injury in any way related to occupation of deceased?  14. Was disease or Injury in any way related to occupation of deceased?  15. Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.  19. Whener of injury.  20. FILED  MAC 8. 1933  19. Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.  19. Was disease or Injury in any way related to occupation of deceased?  11. Goddress)  11. Goddress)  11. Goddress)  12. Was disease or Injury in any way related to occupation of deceased?  13. Index was an an analysis of the security of injury.  24. Was disease or Injury in any way related to occupation of deceased?  14. Goddress)	5-3 8 7 1 day,hrs.	The state of the s
SWYER, BOKKEPER, etc.  9, Industry or business in which Work was done, as SPIKN BILL, SAWY MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and year)  12. BIRTHPLACE (city or town) (State or country)  13. NAME  14. BIRTHPLACE (city or town) (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town) (State or country)  17. INFORMANT  18. BURIAL, CREMATION, OR REMOVAL Place Mt. Placet, Turkbuck Date  18. BURIAL, CREMATION, OR REMOVAL Place Mt. Placet  19. UNDERTAKER  10. Date of injury  11. INFORMANT  12. UNDERTAKER  13. UNDERTAKER  14. Under the subject of the subjec	8 Trade profession or particular	Were as follows:
12. BIRTHPLACE (city or town).  (State or country)  13. NAME  14. BIRTHPLACE (city or town).  (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town).  (State or country)  17. INFORMANT.  (Address)  18. BURIAL, CREMATION, DR REMOVAL  Place Mt. Place (DM. Paulium Date).  (Address)  19. UNDERTAKER  MM. Paulium Date of migury  Name of operation.  What test confirmed diagnosis?  Was there an autopsy? Marched diagnosis?  Accident, suicide, or homicide?  Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.  Menner of injury  Naturo of inj	kind of work done, as SPINNER, auguste	C 1 Para 1/27/22
12. BIRTHPLACE (city or town).  (State or country)  13. NAME  14. BIRTHPLACE (city or town).  (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town).  (State or country)  17. INFORMANT.  (Address)  18. BURIAL, CREMATION, DR REMOVAL  Place Mt. Place (DM. Powling Date )  (Address)  19. UNDERTAKER  (Address)  20. FILED  20. FILED  21. BIRTHPLACE (city or town).  (State or country)  Date of  What test confirmed diagnosis?  Was there an autopsy? M.  What test confirmed diagnosis?  Was there an autopsy? M.  Where did injury occur?  (Specify city or town, country and State)  Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.  Menner of injury  Naturo of in	9. Industry or business in which work was done, as SILK MILL	may may 1
12. BIRTHPLACE (city or town).  (State or country)  13. NAME  14. BIRTHPLACE (city or town).  (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town).  (State or country)  17. INFORMANT.  (Address)  18. BURIAL, CREMATION, DR REMOVAL  Place Mt. Place (DM. Paulium Date).  (Address)  19. UNDERTAKER  MM. Paulium Date of migury  Name of operation.  What test confirmed diagnosis?  Was there an autopsy? Marched diagnosis?  Accident, suicide, or homicide?  Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.  Menner of injury  Naturo of inj	SAW MILL, BANK, etc.	
Description of the contributory Causes of importance:    12. BIRTHPLACE (city or town)	Speut In full	
(State or country)  13. NAME  14. BIRTHPLACE (city or town) (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town) (State or country)  17. INFDRMANT (Address)  18. BURIAL, GREMATIDN, DR REMOVAL Place Mt. Place Date  19. UNDERTAKER (Address)  20. FILED  21. State or country)  22. Was there an autopsy? May what test confirmed diagnosis?  23. If death wes due to external causes (VIOLENCE) fill In also the following: Accident, suicide, or homicide?  24. Where did injury occur?  (Specify city or town, county and State) Specify whether injury occurred In INDUSTRY, In HDME, or in PUBLIC PLACE.  Menner of injury  Nature of injury  24. Was disease or Injury In any way related to occupation of deceased?  If so, specify (Signed)  M. D.  (Signed)  M. D.  (Address)		Dther Coatributory Causes of importance:
13. NAME  14. BIRTHPLACE (city or town)		0 0 0 +
What test confirmed diagnosis? Was there an autopsy? Most test confirmed diagnosis?  Accident, suicide, or homicide? Date of injury. Specify whether injury occur?  (Specify city or town, county and State)  Specify whether injury occur?  Specify whether injury occur?  Nender of injury occur?		General Chileroses Claroses
What test confirmed diagnosis? Was there an autopsy? Most test confirmed diagnosis?  Accident, suicide, or homicide? Date of injury. Specify whether injury occur?  (Specify city or town, county and State)  Specify whether injury occur?  Specify whether injury occur?  Nender of injury occur?	E W BUSTURIAGE CE CONTROL OF THE CON	
15. MAIDEN NAME  16. BIRTHPLACE (city or town) (State or country)  17. INFDRMANT (Address)  18. BURIAL, CREMATIDN, DR REMOVAL Place Mt. Plust, Fundruck Date  19. UNDERTAKER  19. UNDERTAKER  19. UNDERTAKER  10. FILED  10. FILED  10. MAIDEN NAME  10. BIRTHPLACE (city or town) (Specify city or town, county and State)  10. Specify whether injury occurred In INDUSTRY, In HDME, or in PUBLIC PLACE.  11. Menner of injury Naturo of injury  12. Was disease or Injury In any way related to occupation of deceased?  18. So, specify (Specify city or town, county and State)  18. BURIAL, CREMATIDN, DR REMOVAL Place Mt. Pluster  (Address)  18. Survival  (Specify whether injury occurred In INDUSTRY, In HDME, or in PUBLIC PLACE.  (Specify whether injury occurred In INDUSTRY, In HDME, or in PUBLIC PLACE.  (Specify whether injury occurred In INDUSTRY, In HDME, or in PUBLIC PLACE.  (Specify whether injury occurred In INDUSTRY, In HDME, or in PUBLIC PLACE.  (Specify whether injury occurred In INDUSTRY, In HDME, or in PUBLIC PLACE.  (Specify whether injury occurred In INDUSTRY, In HDME, or in PUBLIC PLACE.  (Specify whether injury occurred In INDUSTRY, In HDME, or in PUBLIC PLACE.  (Specify whether injury occurred In INDUSTRY, In HDME, or in PUBLIC PLACE.  (Specify whether injury occurred In INDUSTRY, In HDME, or in PUBLIC PLACE.  (Specify whether injury occurred In INDUSTRY, In HDME, or in PUBLIC PLACE.  (Specify whether injury occurred In INDUSTRY, In HDME, or in PUBLIC PLACE.  (Specify whether injury occurred In INDUSTRY, In HDME, or in PUBLIC PLACE.  (Specify whether injury occurred In INDUSTRY, In HDME, or in PUBLIC PLACE.  (Specify whether injury occurred In INDUSTRY, In HDME, or in PUBLIC PLACE.  (Specify whether injury occurred In INDUSTRY, In HDME, or in PUBLIC PLACE.  (Specify whether injury occurred In INDUSTRY, In HDME, or in PUBLIC PLACE.  (Specify whether injury occurred In INDUSTRY, In HDME, or in PUBLIC PLACE.  (Specify whether injury occurred In INDUSTRY, In HDME, or in PUBLIC PLACE.  (Specify whether injury occurred I	(State or country)	8
Where did injury occur?  17. INFDRMANT Mrs. Jacob Rauty (Address)  18. BURIAL, CREMATIDN, DR REMOVAL Place Mt. Pluret, Fundruck Date Jaw 30, 1935  19. UNDERTAKER DM. Petutur Aunthory (Address)  24. Was disease or Injury In any way related to occupation of deceased? (Address)  25. FILED Mrs. 28., 1933 CS Jarnslay (Signed)  (Address)  Where did injury occur? (Specify city or town, county and State)  Specify whether injury occurred In INDUSTRY, In HDME, or in PUBLIC PLACE.  (Specify whether injury occurred In INDUSTRY, In HDME, or in PUBLIC PLACE.  (Specify whether injury occurred In INDUSTRY, In HDME, or in PUBLIC PLACE.  (Specify whether injury occurred In INDUSTRY, In HDME, or in PUBLIC PLACE.  (Specify whether injury occurred In INDUSTRY, In HDME, or in PUBLIC PLACE.  (Specify whether injury occurred In INDUSTRY, In HDME, or in PUBLIC PLACE.  (Specify whether injury occurred In INDUSTRY, In HDME, or in PUBLIC PLACE.  (Specify whether injury occurred In INDUSTRY, In HDME, or in PUBLIC PLACE.  (Specify whether injury occurred In INDUSTRY, In HDME, or in PUBLIC PLACE.  (Specify whether injury occurred In INDUSTRY, In HDME, or in PUBLIC PLACE.  (Specify whether injury occurred In INDUSTRY, In HDME, or in PUBLIC PLACE.  (Specify whether injury occurred In INDUSTRY, In HDME, or in PUBLIC PLACE.  (Specify whether injury occurred In INDUSTRY, In HDME, or in PUBLIC PLACE.  (Specify whether injury occurred In INDUSTRY, In HDME, or in PUBLIC PLACE.  (Specify whether injury occurred In INDUSTRY, In HDME, or in PUBLIC PLACE.  (Specify whether injury occurred In INDUSTRY, In HDME, or in PUBLIC PLACE.  (Specify whether injury occurred In INDUSTRY, In HDME, or in PUBLIC PLACE.  (Specify whether injury occurred In INDUSTRY, In HDME, or in PUBLIC PLACE.  (Specify whether injury occurred In INDUSTRY, In HDME, or in PUBLIC PLACE.  (Specify whether injury occurred In INDUSTRY, In HDME, or in PUBLIC PLACE.  (Specify whether injury occurred In INDUSTRY, In HDME, or in PUBLIC PLACE.  (Specify whether injury occurred In INDUSTRY, In H	IS. MAIDEN NAME Many Spralet	
Where did injury occur?  17. INFDRMANT Ms. Jacob Rauty (Address)  18. BURIAL, CREMATIDN, DR REMOVAL Place Mt. Pluret, Fundruck Date Jaw 30, 1935  19. UNDERTAKER DM. Petutur Aunthory (Address)  24. Was disease or Injury In any way related to occupation of deceased? (Address)  25. FILED Ms. 28., 1933 CS Jarnslay (Specify whether injury occurred In INDUSTRY, In HDME, or in PUBLIC PLACE.  (Specify whether injury occurred In INDUSTRY, In HDME, or in PUBLIC PLACE.  (Specify whether injury occurred In INDUSTRY, In HDME, or in PUBLIC PLACE.  (Specify whether injury occurred In INDUSTRY, In HDME, or in PUBLIC PLACE.  (Specify whether injury occurred In INDUSTRY, In HDME, or in PUBLIC PLACE.  (Address)  Menner of injury Naturo of injury  19. UNDERTAKER DM. Petutur Aunthory (Address)  (Specify whether injury occurred In INDUSTRY, In HDME, or in PUBLIC PLACE.  (Specify whether injury occurred In INDUSTRY, In HDME, or in PUBLIC PLACE.  (Specify whether injury occurred In INDUSTRY, In HDME, or in PUBLIC PLACE.  (Specify whether injury occurred In INDUSTRY, In HDME, or in PUBLIC PLACE.  (Specify whether injury occurred In INDUSTRY, In HDME, or in PUBLIC PLACE.  (Specify whether injury occurred In INDUSTRY, In HDME, or in PUBLIC PLACE.  (Specify whether injury occurred In INDUSTRY, In HDME, or in PUBLIC PLACE.  (Specify whether injury occurred In INDUSTRY, In HDME, or in PUBLIC PLACE.  (Specify whether injury occurred In INDUSTRY, In HDME, or in PUBLIC PLACE.  (Specify whether injury occurred In INDUSTRY, In HDME, or in PUBLIC PLACE.  (Specify whether injury occurred In INDUSTRY, In HDME, or in PUBLIC PLACE.  (Specify whether injury occurred In INDUSTRY, In HDME, or in PUBLIC PLACE.  (Specify whether injury occurred In INDUSTRY, In HDME, or in PUBLIC PLACE.  (Specify whether injury occurred In INDUSTRY, In HDME, or in PUBLIC PLACE.  (Specify whether injury occurred In INDUSTRY, In HDME, or in PUBLIC PLACE.  (Specify whether injury occurred In INDUSTRY, In HDME, or in PUBLIC PLACE.  (Specify whether injury occurred In INDUSTRY,	16 BIRTHPLACE (city or town)	
17. INFORMANT (Address)  18. BURIAL, CREMATION, DR REMOVAL Place Mt. Plust, Furdruck Date (Address)  19. UNDERTAKER Om. Prubus Outstudy (Address)  20. FILED (Address)  Specify whether injury occurred in INDUSTRY, In HDME, or in PUBLIC PLACE.  Menner of injury Naturo of injury  24. Was disease or Injury In any way related to occupation of deceased?  If so, specify  (Signed)  M. D.  (Address)  Menner of injury Naturo of injury Na	E (State or country)	
(Address)  18. BURIAL, CREMATION, DR REMOVAL  Place Mt. Plust, Furdrick Date Jan 30, 1935  Menner of injury  Naturo of injury  19. UNDERTAKER DM., Pruture Outfluty  (Address)  Purchasely Menner of injury  24. Was disease or Injury In any way related to occupation of deceased?  If so, specify  (Signed)  (Signed)  M. D.  (Address)  Menner of injury  Naturo of injury  (Address)  Menner of injury  (Address)	17. INFORMANT Mrs. Jacob R Carry	(Specify city or town, county end State) Specify whether injury occurred in INDUSTRY. In HDME, or in PUBLIC PLACE
Place Mt. Plinet, Fundruck Date 1935 Menner of injury  19. UNDERTAKER UM. Pruful Aunthury  (Address) Purkerly May 1935 24. Was disease or Injury In any way related to occupation of deceased?  If so, specify  (Signed) M. D.  (Address) Sandy Specify M. D.	(Address)	
19. UNDERTAKER DM. Peubeu Punfelley (Address)  24. Was disease or Injury In any way related to occupation of deceased?  If so, specify  (Signed)  (Address)  (Address)  (Address)  (Address)  (Address)		Menner of injury
20. FILED 28. 1933 CS Sarnolas (Signed) Sandy Spring M.D. (Address) Sandy Spring M.D.	Place from June 1 potential Date from St 1950	Naturo of injury
20. FILED 200 28, 1933 CS Sarnolas (Signed) Sandy Spring M.D.	7	24. Was disease or Injury In any way related to occupation of deceased?
Address) Dandy Spring Med	C FORMULA MAGIN	If so, specify
		le Sie

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," ctc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	ii	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

N. B.-Every item of information should be carefully supplied. ACE should be stated EXACTLY PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. MARGIN RESERVED FOR BINDING WITH UNFADING INK--THIS IS A PERM LAINL WRITE V. S. No. 1

PLACE OF DEATH	STATE OF MARYLAND
County Monty	@ CERTIFICATE OF DEATH
Village or City Bethesda (No. River	Registration Dist. No. 46  Sta: Ward) (If death occurred in a hospital or institution, give its NAME is -
2FULL NAME Clivata 84	Cathan stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH Journey 22, 19233  (Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
(Month) (Day) (Year)	that I last saw has alive on 22 1923
7 AGE   Iff LESS than	and that death occurred on the late stated above, at 2130 Pm.
1 day_hrs.	The CAUSE OF DEATH * was as follows:
yrs. mos. ds. or min.?	Cucrum & Court
(a) Trade, profession or	***************************************
particular kind of work	45 444 5 4 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
(b) General nature of industry business, or establishment in	(Duration) yrs, mos, ds,
which employed or (employer)	Contributory Cultureros
9 BIRTHPLACE (State or country)	Secondary (Duration) yrs mos ds.
10 NAME OF TATHER	(Signed) M. D.
11 BIRTHPLACE	1/22/33 192 (Address) Bellustatus
OF FATHER Z (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
12 MAIDEN NAME Author	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER	ients or Recent Residents)  At place In the of deathyrsmosds. Stateyrsmosds.
(State or Country)	Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
(Informant) Carday If Lane	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) Butthanha Ma	Soull Run Va Jan 24, 1,33
Filed Jan 22 1903 Beny C. Perry Registry	20 UNDERTAKER Wise Con Sue Hosh DC
If more blanks are needed, address State Registrar	, 16 W. Seratoga St., Balto., Requesting V. S. No. 1.

00/26

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emen at home, er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, Locomotive engineer, whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day who are engaged in the duties of the

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

as fracture of skull, and consequences (e. g., sepsis, telanus) may be stated under the head of "contributory." approved by Committee on Nomenclature of the American Medical Association.) carbolic acid-probably suicide. The nature of the injury, "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease stated unless important. use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid "PUERPERAL septicaemia," "PUERPERAL peritonitis," causing death), 29 ds.; Bronchopneumonia (secondary), (Recommendations on statement of cause of death accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condi-(secondary or intercurrent) affection need not be Whooping cough; Chronic Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, FOR VIOLENT DEATHS state MEANS OF INJURY Example: Measles (disease etc. The contributory valvular heart disease;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

MARGIN RESERVED FOR BINDING

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 100727
1. PLACE OF DEATH	(97)
County Mmy grmes	Registration Dist. No.
Village or City new Chang Charle	No. 660 4 Water St, Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	death occurred in a norpital or institution, give its INAIVIE instead of street and number)  ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME AMERIE der ard	alling ,
(a) Residence: No. 4604 Wister arg	St., Ward, new thing Oring
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write tha word)	21. DATE OF DEATH  (Month) (Day) (Yoar)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of MANY Guller	1 HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Inly 5, 1841	I last saw h All alive on Annual 19 19 19 19 19 19 19 19 19 19 19 19 19
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 23 4m. Jun 18/33
91 6 13 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
8 Trade profession or particular	Data ol onset
SAWYER, BOOKKEEPER, etc.	Moler Scherone
9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc	
kind of work done, as SPINNER SAWYER, BOOKKEEPER, etc 9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (menth and span) spant in this occupation.	
12. BIRTHPLACE (city or town) (State or country)	Other Cautributary Causes of importance:
14. BIRTHPLACE (city or town)	Name of operation Date of Date of
(State of Country)	What test confirmed diagnosis?
15. MAIDEN NAME  15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)	23. If death was due to external causes (VIOLENCE) fill In also the following:  Accident, suicide, or homicide?
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT (Address) Liono Jol & alloward	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Methods Date 1933	Nature of injury
19. UNDERTAKER Of Chaping Wash De	24. Was disease or injury In any way related to occupation of deceased?
20. FILED / - 18- 19.33 Thomas Comas	(Signed) Address) 444 8 Grand Lond

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1916	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
PUREAU V.S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastrocnteritis	1 year
		*	

ADDITIONAL SI	PACE FOR	FURTHER	STATEMENTS	$\mathbf{BY}$	PHYSICIAN
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# STATE OF MARYLAND-CERTIFICATE OF DEATH

n	8	b	9	- 6	. 1	17
U	J	ſ	j	6	2	()

1. PLACE OF DEATH	210-0
County montgomercy	Registration Dist. No. 2/3
Village or City near Rockingle	NoSt.,Ward
Length of residence in city or town where death occurredyrs	(If death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Oued M. Crumb	
^	St. Ward.
(a) Residence: No. Allen Gerbo Md. (Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULAR	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WID OR DIVORCED (write the	
male white married	(Month) (Day) (Yeer)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. ) I HEREBY CERTIFY, That I attended deceased from
(or) Willow Ruby Oreem brangs	Jany. 3, 1933, 10 19
6. DATE OF BIRTH (month, day, end year) Thoras 31,190	5 Hest saw h alive on 19 ; death is seid
	S than to have occurred on the date stated above, atm.
27 9 1 1 dey,	min. The PRINCIPAL CAUSE OF DEATH and related ceuses of importance were as follows:
8. Trede, profession, or particular kind of work done, es SPINNER.	1-1-1
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which	Ulmorrasy and darok
work wes done, ses SILK MILL, SAW MILL, BANK, etc	rupline bledger and
U 10. Date deceased lest worked at 11. Total time (years)	murral mojores -
this occupation (month and year) spent in this occupation	?
12. BIRTHPLACE (city or town) brashington, D. C	Other Cantributary Causes of importance:
(State or country)	Collising mit P. R. Calors
# 13. NAME Otilia S. Crumbraugh	
14. BIRTHPLACE (city or town)	Name of operation.
(State of country) Alla rustama	Whet test confirmed diegnosis? Was there an autopsy?
15. MAIDEN NAME	23. If death was due to external causes (VIOL ENCE) fill in also the following:
15. MAIDEN NAME 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Alledan Date of injury 1922.
(State or country) marculand	Where did injury occur? M. They have Missing Me (Specify city or town, county and State)
17. INFORMANT MINO Pulsy Crumbough	Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
(Address) Seen Calo, and	Manner of injury Antradile accident
	1933 Nature of injury Collision with R.R. Palvus
19. UNDERTAKER Warener & Pumple	24. Was disease or Injury In any way related to occupation of deceased?
(Addiess) Rochwillo, md.	If so, specify
20. FILED 1-4, 1933 March 8. Can	(Signed) M. D.  (Address) fresile Will.
If more blanks are needed, address State	Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Run over by street car Chronic interstitial nephritis 1921 1 week ago Cerebral hemorrhage July 5, 1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones Gastroenteritis May 1,1923 1 year

ned.

1	PLACE OF DEATH	(Hb)
	county Montgomery	Registration Dist. No. 223
IT B	Village or City Takoha Park (If	No. Washing Xan Sani Xariush + Hashward death occurred in a horpital or institution, give its NAME instead of street and number
	Length of residence in city or town where death occurred	ds. How long In U. S. if of foreign birth?yrsmosds.
2	FULL NAME 9mr albort Le Roy Cu	ir tiss
	(a) Residence: No. 29 Woodland QVL (Usual place of abode)	St., Ward. Takowa Park Mad.  If nonresident give city or town and State
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. 5	male 4. COLOR OR. RACE OR DIVORCED (write the word)  marie 1 ed	21. DATE OF DEATH  January  Monthly  (Day)  (Year)
5a.	If married, widowed, or divorced HUSBAND of aDella Norton	22. I HEREBY CERTIFY, That I attended deceased from  Nov. 27 19.3.2 to Jan. 7 19.3.3
6. 1	DATE OF BIRTH (month, day, and year) Dec. 2, 1861	I last saw him alive on Tanuary 6 , 19 33; death is said
7. /	AGE Years Months Days If LESS than	to have occurred on the date stated above, at 122 a.m.
	7/ / J day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
OCCUPATION	8. Trade, profession, or particular kind of work done, as SPINNER, Janikor SAWYER, BOOKESER, etc	Carcinomer 2 Stomary Des-15,
	10. Date deceased last worked at this occupation (month and Nov. 7, 1932)  BIRTHPLACE (city or town)  Carston Township  (State or country)  11. Total time (years) spent in this occupation one yr.	Other Contributory Causes of Importance:
ER	13. NAME David P. Curkiss	
FATHER	14. BIRTHPLACE (city or town) Brook field	Name of operation Date of
-	(State or country) New York	What test confirmed diagnosis? Was there an autopsy? 1/20
MOTHER	15. MAIDEN NAME Cordeillia Clark  16. BIRTHPLACE (city or town)  (State or country)  New York	23. If death was due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?
17.	INFORMANT Washington Sanitarium Pecards (Address) Wash Same Takoma Park, Maryland	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
18.	PIECE Cash. Memoreal Pack Date Jan 8 , 19 3 3	Manner of injury
19.	UNDERTAKER HARMENTELLS (Address) Wash. D. 6	24. Was disease or injury in any way related to occupation of deceased?
20,	FILED Jan 8, 1933 H. E. Rogues Registrar.	(Signed) Cop asset MA M.D.  (Address) 722 Naggel an Tohama Mh.

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Example 1	il	Example II	
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset  1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cercbral hemorrhage	July 5,1927	Peritonitis C22	3 days ago
		devisosa	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			1

STATE OF MARYLAND-CERTIFICATE OF DEATH infor-1. PLACE OF DEATH Registration Dist. No. Village or City 2200 (If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence in city or town where death occurred How long in U.S. if of foreign birth? statement SICIAN 2. FULL NAME ECORD. Ward (a) Residence: No. If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3. SEX 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH 4. COLOR OR RACE OR DIYORCED (write the word) (Month) (Day) 5a. If married, widowed, or divorced HUSBAND of 22. HEREBY CERTIFY. That I attended deceased from (or) WIFE of 6. DATE OF BIRTH (month, day, and year) certificate. properly to have occurred on the date sleted above, at \_\_\_ / 2 A \_\_\_m. 7. AGE Months Days If LESS than Years 1 day, \_\_\_\_hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance or \_\_\_\_mln. were as follows: 8. Trede, profession, or particular OCCUPATION kind of work done, as SPINNER be Jo SAWYER, BOOKKEEPER, etc. should тау back 9. Industry or business in which work was done, as SILK MILL SAW MILL, BANK, etc.. 10 Dato deceesed last worked at 11. Total time (years) this occupation (month and spant in this occupation 3 that instructions Other Contributory Causes of importance: 12. BIRTHPLACE (city or town) 2220 (State or country) terms, FATHER 13. NAME See 14. BIRTHPLACE (city or town) plain (State or country) What test confirmed diagnosis? Please and Syana Was there en autopsy? 200 carefully MOTHER important. 15. MAIDEN NAME 23. If death was due to externel causes (VIOLENCE) fill in also the following: in Accident, suicide, or homicide? 16. BIRTHPLACE (city or town) (State or country) Where did Injury occur?\_\_ pe (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. should 17. INFORMANT OFT (Address) 18. BURIAL, CREMATION, Manner of Injury WRITE CAUSE mation Nature of Injury\_\_\_ LION 24. Was disease or injury in any way related to occupation of deceased? 19. UNDERTAKER (Address). If so, specify (Signed) 20. FILED. A LA Registrar. (Address) Lay was If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

(Year)

Date of onest

, 19.34 ; death is said

BINDING FOR RESERVED MARGIN

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Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER	STATEMENTS	$\mathbf{B}\mathbf{Y}$	PHYSICIAN
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ECORD. Every item of infor-N. B.—WRITE PLAINLY, WH UNFADING INK—THIS IS A PERMANEN mation should be

	STATE OF MARYLAND-	-CERTIFICATE OF DEATH UUSSA
1.	. PLACE OF DEATH	98:0
	county mont gonery	Registration Dist. No. 2/8
	Village or City Saithers bring	No. Walker ave st, Wa
	Length of residence in city or town where death occurred	(If death occurred in a hospital or institution, give its NAME instead of street and number)  105. How long in U.S. if of foreign birth?
2	FULL NAME Rufus Namill	on Dairs
	(a) Residence: No. Darthers laure	St. Ward.
	(Usual place of abode)	If nonresident give city or town and State
3. S	PERSONAL AND STATISTICAL PARTICULARS  [4. COLOR OR RACE   5. SINGLE, MARRIED, WIDOWED,	MEDICAL CERTIFICATE OF DEATH  21. DATE OF DEATH
>	rale white or DIVORCED (write the word)	January 18 1933 (Month) (Day) (Year)
5a.	If marriad, widowed, or divorced HUSBAND of Victorine Smith Lavi	22.   HEREBY CERTIFY, That I attended deceased from
6. D	DATE OF BIRTH (month, day, and year) Filb 1- 1846	Vigat saw h amblive on John 17, 1933; death is si
7. A		to have occurred on the date stated above, at 755572.m.
	86 // 17   1 day,hi	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:  Date of one
2	8. Trade, profession, or particular kind of work done, as SPINNER Retired Jarme. SAWYER, BOOKKEEPER, etc Retired Jarme.	Claronic murcarlitus 3mg
	Andustry or business in which	Gronic Thyocardition Int
OCCUPAT	work was dona, as SILK MILL, SAW MILL, BANK, atc.	
3	10, Data daceased last worked at this occupation (month and year)	
12.	BIRTHPLACE (city or town) Maryland	Other Contributory Causes of importanca:
-	(Stata er country)	- arteriosclerosis
7	13. NAME Isaac Davis	
FATH	14. BIRTHPLACE (city or town) mary and	Name of operation Date of
- 6	(State or country)	What test confirmed diagnosis?
# -	15. MAIDEN NAME ( . The Sea	23. If death was due to external causes (VIOL ENCE) fill in also the following:
MOTHER	16. BIRTHPLACE (city or town) (State or country)	Accidant, suicida, or homicide?
17.	INFORMANT Sileen & Wilkinson (Address) 4 sillon & mot	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18.	BURIAL CREMATION, OR REMOVAL Place Orallsvelle Med Data Dew 20, 193	Manner of injury
19.	UNDERTAKER Peulen Pumphrly (Address)	24. Was disease or injury In any way related to occupation of deceased?
20.	FILED Jan 18 1933 Rochel D. Etchicon	(Signed) Dury C. Gerry, M.

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		1 501	
Other contributory causes of importance:		Other contributory causes of importance:	10
Gallstones	May 1,1923	Gastroenteritis	1 year

infor-Jo pluoda PHYSICIANS CORD. Every statement ssified. BINDING certificate. properly RESERVED may back pluods on that instructions MARGIN See plain very important H DEATH pluods OF -WRITE S CAUSE mation LION

state

STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH Registration Dist. No. Village or City Ward (If death occurred in a hospital or institution, give its NAME instead of street and number) How long in U.S. if of foreign birth? \_\_\_\_\_yrs. \_\_\_\_mos. \_\_\_\_ds. Langth of rasidanca in city or town where death occurred Ward. (a) Residence: No. (Usual place of abode) If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3. SEX 21. DATE OF DEATH 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. OR DIVORCED (write tha word) (Month) (Year) 5a. If marriad, widowad, or divorced HUSBAND of 22. I HEREBY CERTIFY. That I attended deceased from TOTAL WATER OF 6. DATE OF BIRTH (month, day, and year) Days to have occurred on the date stated above, at 16 7. AGE Months If LESS than 1 day,\_\_\_\_hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance or .... min. Date of enset Trade, profassion, or particular OCCUPATION kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, atc .... 10. Data dacaasad last worked at 11. Totai tima (yaars) this occupation (month and spent in this occupation Othar Contributary Causes of importanca: 12. BIRTHPLACE (city or town (State or country) FATHER 13. NAME 14. BIRTHPLACE (city or town) (Stata or country) What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? HER 15. MAIDEN NAME 23. If death was dua to external causes (VIOLENCE) fill in also the following: MOT Accidant, suicida, or homicide?\_\_\_\_\_\_ Data of injury\_\_\_\_\_\_19\_\_ 16. BIRTHPLACE (city or town) (State or country) Where did injury occur? .... (Specify city or town, county and State) Specify whathar injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. 17. INFORMANT (Address) Mannar of injury Natura of injury. 24. Was diseasa or injury in any way related to occupation of deceased? (Address) If so, specify \_\_\_\_ (Addrass) Betterda Registrar. Margla

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		GGAISOSS	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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193 B

(Year)

Date of onset

(Day)

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Chronie interstitual nephritis	P 8 1933	1921	Run over by street car	1 week ago
Cerebral hemorrhage		July 5, 1927	Peritonitis	3 days ago
	BUREAU V	8.		
Other contributory causes of	of importance:	and reduce the belongstraffer or	Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

V. S. No m.

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state

OCCUPA. pluoda

2	STATE (	OF MAR	YLAND-	CERTIFICATE OF DEATH
1. PLACE	OF DEATH			100
County	Montgom	0 26 11		Registration Dist. No. 2/6
Village (	or City Proof City or town where	death occurred	yrs,mos	ND. St., Ward feath occurred in a hospital or institution, give its NAME instead of street and number)  St., Ward feath occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth? yrs. mos. ds.
	idence: No. mear 4		_ (monte	
PERS	ONAL AND STATIST	ICAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX	OR DIVORCED (write the word)			21. DATE OF DEATH  January (Day) (Year)
5a. If married, w HUSBAND (or) WIFE (			0	22. I HEREBY CERTIFY. That I attended deceased from
6. DATE OF BIR 7. AGE	TH (month, day, and year)  Years Months	may 2 C	If LESS than 1 day,hrs.	to have occurred on the date stated above, at
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEFPER, etc 9. Industry or businass in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Dato deceased last worked at 11. Total time (years)			Lroy (years)	Through trolly in the
this occupation (month and year) spant in this occupation  12. BIRTHPLACE (city or town) (Stata or country)				Other Contributary Causes of importance:
E .				
14. BIRTHPLACE (city or town) Sinder (Stata or country)				Name of operation Date of Was there an autopsy?

MOTHER 15. MAIDEN NAME 16. BIRTHPLACE (city or town)

(State or country)

18. BURIAL. GREMATION. OR REMOVAL

19. UNDERTAKER 20. FILED

Nature of injury

Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide?\_\_\_\_\_

(Specify city or town, county and State)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrar.

Manner of Injury

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the decased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	B	Example II	
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	a uu735
County Montgomery	Registration Dist. No. 211
Village or City Mr. Elthison	No. St. Ward
	f death occurred in a hospital or institution, give its NAME instead of street and number)  sds. How long in U.S. if of foreign birth?yrsmosds,
2. FULL NAME Margie Done	100,
(a) Residence; No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Jan 26 198 3
5e. If married, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY, That I ettended deceased from
(or) WIFE of	
6. DATE OF BIRTH (month, day, and year) fan 26 1933	I last saw h alive on, 19; death is said
7. AGE Years Months Days If LESS than	to have occurred on the dete steted ebove, atm.
till-birth 5 mo to stores min.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, es SPINNER,	Tremaline Bith - Date of onsot
SAWYER, BOOKKEEPER, etc.	Cause unknown
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	16 m Africa
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Date deceased last worked at this occupation (month end yeer)  11. Total time (years) spant In this occupation	(O ras. Vianus)
12. BIRTHPLACE (city or town) Wr. Eletison	Other Contributory Causes of importance:
(State or country) Md	
13. NAME Unknown to me	
14. BIRTHPLACE (city or town)	Name of operation
(State of Country)	Whet test confirmed diagnosis? Was there an au opsy?
15. MAIDEN NAME Edithe Doye 16. BIRTHPLACE (city or town) Nr. Elchison	23. If deeth was due to external causes (VIOLENCE) fill in also the following:
O 16. BIRTHPLACE (city or town) / C. Carason  (State or country)	Accident, suicide, or homicide?
17. INFORMANT Edithe Doyl- (Address) & Taithustus has	Where did injury occur?
18. BURIAL, CREMATION, OR REMOVAL	Manner of Inlus.
Place Brook Grove on Date Jan 27, 1933	Manner of injury
19. UNDERTAKER Roy W. Barbor (Address) Landonaville und	24. Wes disease or Injury in eny wey related to occupation of deceased?  If so, specify
20. FILED Jan 29, 1933 Della & Burdelle Dept Registrar.	(Signed) M. Doyar M. D.  (Ardress) Damaseux Ms

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Balimore, Requesting V. S. No. 1.

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To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I	1	Example II		
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage Bulling V. S.	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL	SPACE FOI	FURTHER	STATEMENTS	RY	PHYSICIAN
TIDDITTIONS	DE LEGIS E OF	P I O I P I I I I I I I I	D T LY T TOTAL TOTAL TO	372	T TI I DI OIZIZI

1. PLACE OF DEATH	
County Monlgomery	Registration Dist. No. 211
Village or City Mr. / Echiplon	No. St. Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)
2 . 0 . 2	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Mildred Doyl	
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH  AM  26. 1983  (Month) 7: 11 (Day) (6 mg)
5a. If married, widowad, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended decreased from
) - 0/1022	, 19, to, 19, 19
6. DATE OF BIRTH (month, day, and year) fan. 26, 1933	I last saw h; death is said
7. AGE Years Months Days If LESS than Lday,	to have occurred on the date stated above, atm.  The PRINCIPAL CAUSE OF DEATH and related causes of importance
Stell with mrs. Fortest min.	were as follows:
8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc	Iremalure Justa ?
<   ¶9. Industry or business In which	Carel Morkingwa
work was done, as SILK MILL. SAW MILL, BANK, etc	16.20 Fine 1.1
10. Dato deceased last worked at this occupation (month and spant in this occupation	- Comme
m Elatina	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	
13. NAME unknown to me	
	Name of operation Date of What test confirmed diagnosis? Was there an au opsy?
15. MAIDEN NAME Flitte Agues	23. If death was due to external causes (VIOLENCE) fill In also the following:
16. BIRTHPLACE (city or town) Mr. Elchiston (State or country) Mr.	Accident, suicide, or homicide?
17. INFORMANT Edittye Days	Where did injury occur?(Specify city or town, eounly and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE,
(Address) R. D. Tailteanning	
18. BURIAL, CREMATION, OR REMOVAL Place Brook Short Cera Date Jan 27 1933	Manner of injury
R- Th B.	Nature of injury
19. UNDERTAKER Day Oarber	24. Was disease or injury in any way related to occupation of deceased?
0.00 010 111	If so, specify M Director,
20. FILED Jan 27, 49.33 d/lla CV. 13 yrdlll	(Signad) Jana Seus M.D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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	Example II		
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
1915	Attack of epilepsy	1 week ago	
1921	Run over by street car	1 week ago	
July 5, 1927	Peritonitis	3 days ago	
	Other contributory causes of importance:		
May 1,1923	Gastroenteritis	1 year	
	1915 1921 July 5,1927	of importance were as follows:  Attack of epilepsy  1921 Run over by street car  July 5,1927 Peritonitis  Other contributory causes of importance:	

BINDING

MARGIN RESERVED

Registrar.

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Run over by street car A LIVE Chronic interstitial nephritis 1921 1 week ago Cerebral hemorrhage July 5, 1927 Peritonitis 3 days ago LUUL Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

1. PLACE OF DEATH	11-01	
County miles	Registration Dist. No. 217	
Village or City Jan Can S	No. St.	Ward
(If	death occurred in a hospital or institution, give its NAME instead of street and num	nber)
Length of residence in city or town where death occurred	ds. How long in U. S. if of foreign birth?yrs,mos	ds.
2. FULL NAME My Searge W 6 d	words	
(a) Residence: No. Jauland M	St., Ward.	
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and Str MEDICAL CERTIFICATE OF DEATH	ate
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH	
OR DIVORCED (write the word)	1-10-1	933
5a. If married, widowed, or divorced 2 0	(Month) (Day)	(Year)
HUSBAND of Diosa Cellerands.	22.   HEREBY CERTIFY, That I attended dec	eased from
ΛΛ	1/3/ 1933 10//6/	, 19.3.3
6. DATE OF BIRTH (month, day, and year) 11 00 2 7 1868	I fast saw M. Mud. elive on	leath is said
7. AGE Years Month's Deys If LESS than I dayhrs.	to heve occurred on the date steted ebove, at 7m.	
64 9 13 ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
8. Trade, profession, or particular kind of work done, es SPINNER, SAWYER, BDDKKEPER, etc	A. A.	~ A
SAWYER, BDDKKEEPER, etc.	Imelio pourmond	day
work wes done, as SILK MILL, SAW MILL, BANK, etc		
U 10. Date deceased last worked at 11. Total time (years)		
this occupation (month and 1/1/33) spent in this 4-6		
12. BIRTHPLACE (city or town) / Wavestor	Other Contributory Causes of importance:	
(State or country)	Internsa "	7 das
13. NAME Joseph Edwards		
14. BIRTHPLACE (city or town) Marangelose	Name of operation Dete of Dete of	
(State or country)	What test confirmed diagnosis?	psy? he
15. MAIDEN NAME To seek Breut  16. BIRTHPLACE (city or town) Jangushar Co	23. If death wes due to external causes (VIOLENCE) fill in also the following:	
6 16. BIRTHPLACE (city or town) Janushar Co	Accident, suicide, or homicide? Date of injury	., 19
(State or country)	Where did Injury occur?	
17. INFORMANT	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE	
(Address)	m.	
18. BURIAL, CREMATION, OR REMOVAL Bustonsville	Menner of Injury	
Place Union Chi. Date 1, 19 03	Nature of Injury	
19. UNDERTAKER Iloyal J Carser	24. Wes disease or Injury in any way related to occupation of deceased?	٠٠
(Address) Jaure, me	If so, specify	
20. FILED 1-11-, 19 33 Colainster	(Signed)	M. D.
«Registrar.  If more blanks are needed, address State Registrar.	(Address) Quelle Street, Baltimore, Requesting U. S. No. 1.	7

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example 1	i i	Example 11	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car A A TERALS	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		286L 27 343 - 1	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

MARGIN RESERVED FOR BINDING

V. S. No. 1

ż

STATE OF	MARYLAND-	CERTIFICATE	OF DEATH	00739
1. PLACE OF DEATH		(note)		00000
County Monly on	eny	(00.0)	Registration Dist. No.	2/6
Village or City Bulhande	X	No.		St.,Ward
Length of residence in city or town where death	^ ^		tution, give its NAME instead of street of foreign birth?yrs	
2. FULL NAME MARY FO	Collman	5.		
(a) Residence: No.	- FOREMOO	Os Ward		
	(Usual place of abode)	St., Ward.	If nonresident give city or to	wn and State
PERSONAL AND STATISTICAL	L PARTICULARS	MEDICAL	CERTIFICATE OF DEA	ТН
Finale white "	INGLE, MARRIED, WIDOWED, R DIVORCED (write tha word)	21. DATE OF DEATH	(Month) (Day)	, 193 S
5a. If marriad, widowad, o divorcad HUSBAND of (or) WIFE of	Ellmore	22. I HEREB	Y CERTIFY, That I at	W / W /
6. DATE OF BIRTH (month, day, and year)	15-18#3	Plast saw hare alive on	0 // ~/	933; death is seid
7. AGE Yaars Months	Days If LESS than	to have occurred on the date sta	itad above, at 3 15pm.	
89 3	/6 1 day,hrs.	Tha PRINCIPAL CAUSE OF DEA	ATH and ralated causes of Important	Oate of onset
8. Trada, profassion, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was dona, as STAK MILL, SAW MILL, BANK, etc.  10. Data decaased last worked at this occupation (month and	righ.		tis Chanic	
10. Data decaased last worked at this occupation (month and year)	11. Total tima (yaars) spant in this occupation			
12. BIRTHPLACE (city or town) / Ca. 1 (State or country)		Other Contributory Causes of im		
W 13. NAME This Lie	rials.	Cey Trass	uur	
14. BIRTHPLACE (city or town) (State or country)		Name of operation		ere an autopsy2
15. MAIDEN NAME Luke	2000	23. If death was dua to axtarnal c	ausas (ViOLENCE) fili in also the fo	ollowing:
16. BIRTHPLACE (city or town) (Stata or country)	Dom	Accident, suicide, or homicide?  Whara did injury occur?	(Specify city or town, county a	
17. INFORMANT LEATY E	Le mi	Specify whether injury occurred	in INOUSTRY, In HOME, or In PUB	LIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Lessoury J. Da	10.2 1083	Manner of Injury Nature of Injury		
19. UNOERTAKER ACTION (Address)	Purphrey	24. Was disaase or injury in any  If so, specify	way ralatad to occupation of deceas	ed? 220
20. FILED. FEb 1 1933 Bes	j C Clery Registrar.	(Signad) (Address)	Retlierda 1	M. D

If more blands are needed, address Sine Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Was there an autopsy?

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	11	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		KEGSIVED	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

MARGIN RESERVED FOR BINDING

V. S. No.

STATE OF MARYLAND—	CERTIFICATE OF DEATH	0740
1. PLACE OF DEATH	93-0	
county Montgomery	Registration Dist. No. 2	-11
Village or City Buyds	NoSt.,	Ward
Length of residence in city or town whare death occurredyrs,mos	f death occurred in a horpital or institution, give its NAME instead of street and s. How long in U. S. if of foreign birth?yrs,	
2. FULL NAME Bradley 5 Etc	Puin	
	St., Ward.	
(a) Residence: No. (Usual place of abode)	If nonresident give city or town as	nd State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED ("agrice the word)	21. DATE OF DEATH	- 2
Male White married	(Month) (Day)	(Year)
a. If marriad, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY That I attande	d daceased from
(or) therence ? touson	12 1-24 1932 to 19-29	19.3-3
DATE OF BIRTH (month, day, and year) Way 14". 1861	I last saw h aliva on 131-26 1930	daath is said
AGE Yaars Months Days If LESS than	to have occurred on the data stated above, at	
70 ormin.	The PRINCIPAL CAUSE OF DEATH and ralated causes of importance ware as follows:	Date of enset
8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BDDKKEEPER, etc.	Coronary Taromous	Dec 20
SAWYER, BODKKEEPER, etc.	Digreatories	193 D
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  1D. Date deceased last worked at this occupation (month and business).	Turning survivo	jan/-J
1D. Date dacaased last worked at this occupation (month and spant in this 67)		Y
this occupation (month and hur, 3-4 spant in this 5042	Other Contributory Causes of importance:	~~~~~
2. BIRTHPLACE (city or town) Quity 1997	arthetis	1900
(Stata or country)	-	
13. NAME Wadison Wohison		
13. NAME Wadupu Tohron  14. BIRTHPLACE (city or town) Caylory alle (Stata or country)	Name of operation Date of	 1
	What tast confirmed diagnosis? Change While Was thara an	
13. MAIDER HAME	23. If daath was dua to extarnal causes (VIOLENCE) fill in also tha following	ng:
15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (Stata or country)	Accident, suicida, or homicida? Date of injury Whara did injury occur?	, 19
\ \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	(Specify city or town, county and Si Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC P	ale)
INFORMANT MARS THORNER TOPMAND	Specify who call in the bost i	CAUL.
B. BURIAL, CREMATION, OR REMOVAL	Manner of Injury	
Place Claubsburg Md Data 1 7-317, 1933	Natura of injury	
UNDERTAKER Willey Price	24. Was disaasa or injury In any way related to occupation of deceased?	no
(Address) Barnessell Md	If so, specify	^
O. FILED Asu 30 th 1933 Mm & Loves	(Signed) Waters D / Nym	M. I
Fireal Registrar.	(Addrass) William William W	A
If more blanks are needed, address State Registrar,	2422 N. Charles Street, Baltimore, Requesting V. S. No. 2.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example 1			Example II	,
The principal cause of death and related causes of importance were as follows:	Date of onset	The princip	Date of onset	
Arteriosclerosis	1915	Attack of epil	epsy	1 week ago
Chronic interstitial nephritis	1921	Run over by s	treet car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	EEB 4 1839	3 days ago
Other contributory causes of importance:		Other contri	butory causes of importance:	
Gallstones	May 1,1923	Gastroenteriti	8	1 year

PHYSICIANS should state KECORD. Every item of infor-Exact statement of OCCUPA. stated EXACTLY. N. B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANEN properly classified. TION is very important. See instructions on back of certificate. mation should be carefully supplied. AGE should be CAUSE OF DEATH in plain terms, so that it may be

BINDING

FOR

MARGIN RESERVED

V. S. No. 1

	S'	TATE O	F MAR	YLAND-	CERTIFICATE OF DEATH	Co Physical at
1	. PLACE OF DEAT	тн			(3)	0741
	CountyMo	ntg. Co.			Registration Dist. No. 2	7.4
	Village or City	Boyds		/10	NoSt.,Step hospital or institution, give its NAME instead of street and	Ward
	Length of residence In ci	ly or town whera d	eath occurred		death occurred in a hospital of institution, give its IAMIVE, instead of street and ds. How long in U.S. if of foraign birth?	
2	. FULL NAME de	eline L	Forma	n		
	(a) Residence: No.	Boyds			St., Ward.	
en oraș			(Usual place		If nonresident give city or town and	State
	PERSONAL AN				MEDICAL CERTIFICATE OF DEATH	
3.	Femwle Co	R OR RACE		RIED, WIDOWED, D (write the word)	21. DATE OF DEATH Jan 25 (Month) (Oay)	, 193 33 (Yoar)
5a.	If married, widowed, or divo HUSBAND of (or) WIFE of	rced			22. HEREBY CERTIFY, That I attended	decaased from
			pt 27	1926	last saw h alive on 25 1933	19.50
	DATE OF BIRTH (month, day AGE Years	(, and year)  Months	Oays	If LESS than	to have occurred on the date stated above, at 8:30 Pm	; daath Is said
		3	28	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance	
	8. Frade, profession, or pa kind of work done, SAWYER, BOOKKEE	articular as SPINNER.	1 20	OI Idill.	Charine Interstitut Methons	Date of onset
OCCUPATION	9. Industry or business in work was done, as S SAW MILL, BANK, a	which SILK MILL,			7	1./
000	10. Oala deceased last wor this occupation (more year)	rked al nth and	sper	ime (years) nt in this Jpation		
12.	BIRTHPLACE (city or town) (State or country)	V	laryland	•	Other Contributory Causes of importance:	
2	13. NAME Warrer	n Forma	n			
ATHER	14. BIRTHPLACE (city or to	Pozzde			Nama of operation Oate of	
F	(State or country)	(WII)			What test confirmed diagnosis?	
OTHER	15. MAIDEN NAME	Willie	Duffin		23. If death was dua to axternal causes (VIOLENCE) fill in also tha followin	g:
MOT	16, BIRTHPLACE (city or to (Stata or country)	Boyo	ls Md		Accident, suicide, or homicida? Date of injury  Where did injury occur?	
-		en Form			(Specify city or town, county and Sta Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PL	.ACE.
18.	BURIAL, CREMATION, OR R		Md	oo416.2.2	Manner of injury	
19.	unoertaker Erne	est C	Gartne		24. Was disaase or injury in any way related to occupation of deceased?	
20.	(Address)	1933 9	ithers!	Ederois Registrar.	(Signed) (Address) Garthersburg	ma. D.
-				gimar.		

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Ballimore, Requesting V. S. No. 1.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attock of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street ear	1 week ogo	
Cerebral hemarrhage	July 5,1927	Peritonitis	3 days ogo	
BURGAU V.S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gollstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPA	CE	FOR	<b>FURTHER</b>	STATEMENTS	BY	PHYSICIAN
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Registrar.

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Example I Example II The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis Attack of epilepsy 1915 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

ADDITIONAL	SPACE F	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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MARGIN RESERVED FOR BINDING

# STATE OF MARYLAND-CERTIFICATE OF DEATH

6	1/2	dely	4	9	
U	U	6	4	0	

1. PLACE OF DEATH	(106-2)
County mont gomen	Registration Dist. No. 214
Village or City Silver Spring (If	No. 8 1 / 0 St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Games Permy les	22
(a) Residence: No. 8/10 grate	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)  5a. If married, widowed, or divorced	21. DATE OF DEATH  (Month)  (Day)  (Year)
HUSBAND of Consultation Plane Maria Gill	22 I HEREBY CERTIFY, That I attended deceased from gamany 7, 19.33, to gamany 1.0, 19.33
6. DATE OF BIRTH (month, day, and year) Selitember 5, 1843	I last saw h alive on January 10 1933; death is said
7. AGE Years Months Days If LESS than 1 day	to have occurred on the data stated above, at
89 4 5 ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  Oate of onset
8. Trede, profession, or perticular kind of work done, as SPINNER, Harries (Retured)	ac. A. Brondlitis a.7.183
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or businass in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date daceased last worked at this occupation (month and	
10. Date daceased last worked at this occupation (month and yaer) Glood 10. 44ses again occupation 40.44ses	
0010.4	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (Stata or country)	- Suuling 1.72.
II 13. NAME gol gill	
13. NAME  14. BIRTHPLACE (city or town) Washington	Name of operation
(State of country) Allert of Columbia	What test confirmed diagnosis?
15. MAIDEN NAME Patrement Brown  16. BIRTHPLACE (city or town). Washington	23. If death was due to external causes (VIOLENCE) fill in also the following:
5 16. BIRTHPLACE (city or town) Washington	Accident, suicide, or homicide? Date of injury, 19,
(State or country) Destrict of Columba	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT May gessel B. 13est. (Addrass) 8) 10 Grove St. Silver String	Spacify whether injury occurred in INDÚSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION OR REMOVAL	Manner of injury
Place Of relievely Date 1-2 12 1933	Netura of injury.
19. UNDERTAKER Styley Compley (Address)	24. Was disaasa or Injury in any way ralatad to occupation of decaased?
20. FILED an 11 , 1933 JE Duddon	(Signad) M. D.
If more blanks are needed, address State Revisitar.	(Address) 7 28 Sold 5 Wil a government of S. No. 2

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deccased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example 1	1		Example 11	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cau of importance we	se of death and related causes re as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	BUREAU V. S. H	1 week ago
Chronic interstitial nephritis	1921	Run over by street co	tir .	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	less in the second	3 days ago
			GEVED	
Other contributory causes of importance:		Other contributor	y-eauses of importance:	
Gallstones	May 1,1923	Gastroenteritis		1 year

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	@ 00744
County Monlyomery	Registration Dist. No. / 217
Village or City Older month.	The No Moly Co. Secretal To Still Ward of death occurred in a hospital or institution, give its NAME instead of stylet and number)
Length of residence In city or rown where death occurredyrs,mos	
2. FULL NAME Stillborn bales	Tosnell
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS  3. SEX 4. COLOR OR RACE 5. SINGLE MARRIED WIDOWED	MEDICAL CERTIFICATE OF DEATH
Unknown white OR DIVORCED (write the word)	21. DATE OF DEATH  (Month)  (Oay)  (Yaar)
5a. If married, widowed, or divorced HUSBANO of (or) WIFE of	22. 1 HEREBY CERTIFY, That I attanded daceasad from
	January 8, 1983, to January 8, 1933
6. DATE OF BIRTH (month, day, and year) January 8, 1933	last saw harmalive on Stellbour., 19 ; daath is seld
7. AGE Years Months Oays If LESS then I day,	to have occurred on the date stated above, atm.
ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.	Pampleux
SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was dona, as STIK MILL, SAW MILL, BANK, atc  10. Oata deceased last worked at this occupation (worked at this occupation) (worked at this occupation (worked at this occupation) (	3 my 3.
O 10. Oata deceased last worked at this occupation (month and spent in this occupation	
12. BIRTHPLACE (city or town) Olivey, Moyta Co.	Other Contributory Causes of importance;
(State or country) makyland!	linken.
I 13. NAME Unite E. Jagnell	
13. NAME Usicle E. Sagnell  14. BIRTHPLACE (city or town) Large Corner  (State or country)	Nama of operation Oate of
- Comment and the comment of the com	What tast confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Suddie Oxall  16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide? Oate of Injury 19
(State or country) many land	Where did injury occur?
17. INFORMANT Translat Record. (Addrass)	(Specify city or town, county and State) Spacify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Placa Oate 19	Natura of injury
19. UNOERTAKER	24. Was disease or Injury In any way related to occupation of deceased?
20. FILED an 9, 1983 C. S. Barnsley	If so, specify (Signed) M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example 1		Example 11	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car is a 2 2 3	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
		RECEIVED	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gostroenteritis	1 year

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 wcek ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
		A ABBAISOSBI	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS B	Y PHYSICIAN
· · · · · · · · · · · · · · · · · · ·	
	8.

PHYSICIANS should state ECORD. Every item of infor-Exact statement of OCCUPAstated EXACTLY H UNFADING INK-THIS IS A PERMANEN MARGIN RESERVED FOR BINDING AGE should be

CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very importante. See instructions on back of certificate. mation should be carefully supplied. N. B.-WRITE PLAINLY,

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH	
1. PLACE OF DEATH	<u> </u>	746
county Montgomery	Registration Dist. No. 27	12
Village or City Tanoma Park	Ndwashington Sanitarium & Hospit	a.L.Ward
Length of residence in city or lown where death occurredyrsmos.	death occurred in a hospital or institution, give its NAME instead of street and nun.  2. ds. How long in U.S. if of foreign birth?yrsmos:	aber)
2. FULL NAME Mrs. Lula Denderson		
(a) Residence: No. ) o Park Valley Rd.	St., Ward. Silver Spring, N	1d.
(Usual place of abode)	If nonresident give city or town and St	ite
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
temale 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  January 27 , I  (Month) (Oay)	93 3 (Year)
5a. If marriad, widowed, or divorced HUSBAND of (or) WIFE of Mc Marion Henderson	22. I HEREBY CERTIFY That I ettended dec Sept. 25, 1932, to Jan. 27	ceesed from
6. DATE OF BIRTH (month, day, and year) Nov. 26, 1876	I last saw her alive on Oars 27 1933:	,
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 4:28 p.m.	10 0010
56 2 / 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and ralated causes of importance wera as follows:	Osts of onset
8. Trade, profassion, or particular kind of work done, as SPINNER, House wife SAWYER, BOOKKEEPER, atc.		1927
kind of work done, as SPINNER, House wife SAWYER, BOOKKEEPER, atc.  9. Industry or businass in which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Date dacaased last worked at this occupation (month and		
O 10. Date dacaased last worked at this occupation (month and year)		
12. BIRTHPLACE (city of town) Union County	Other Contributory Causes of importance: 140	
(Stata or country) Kentucky	Chronic Rheunstern	1123
13. NAME James R Glean  14. BIRTHPLACE (city or town) Lentucky	Parkins Discore	1923
[ 14. BIRTHPLACE (city or town) Sentucing (State or country)	Neme of operation Oate of What test confirmed diagnosis Alexa Cal Exam Was there an auto	. 14 -
15. MAIDEN NAME Sarah Hazel	What test confirmed diagnosis Research Call Card Was there an auto 23. If death was due to axternal causes (VIOLENCE) fill in also the following:	psy?
15. MAIOEN NAME Sarah Hazel  16. BIRTHPLACE (city or town) Kentucky  (State or country)	Accident, suicida, or homicide? Date of injury Where did injury occur?	, 19
17. INFORMANTUashington Sanitarium Record	(Specify city or town, county and State)	
18. BURIAL, CREMATION, OR REMOVAL	Mannar of Injury	
Place Worsh Date Jan 28, 1933	Nature of injury	0
19. UNOERTAKER AS Severe	<sup>2</sup> 24. Was disaase or injury In any way related to occupation of deceased?	no
(Address) of Sef-71-9- we. hw.	Il so, specify	
20. FILEO Jun 27 , 1933 Registrar	(Address) 722 Warsh Tahom H.	6 hid
Acgustati	(1.00,000)	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	į	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of cpilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 wcek ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

PLACE OF DEATH STATE OF MARYLAN CERTIFICATE OF DEATH Registration Dist. No. 2/2 classifie (If death occurred in RECORD Ward) a hospital or instituproperly clas tion, give its NAME is -stead of street and number.) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 5 SINGLE. 3 SEX 4 COLOR OR RACE 16 DATE OF DEATH MARRIED. Φ be may be n back WIDOWED. OR DIVORCED onld Write the word) (Day) no 6 DATE OF BIRTH tructions that (Month) (Day) (Year) IIf LESS than 7 AGE and that death occurred on the date stated above, at 0 60 I day hrs. The CAUSE OF DEATH \* was as follows: ed n terms or B OCCUPATION See (a) Trade, profession or particular kind of work pial (b) General nature of industry ortant. business, or establishment in 2 which employed or (employer) I 9 BIRTHPLACE mp Secondary (State or country) 4 DW 0 10 NAME OF 7 FATHER > O 1925 (Address) 8 11 BIRTHPLACE 00 141 S \*State the Piscase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. OF FATHER CAUSE Z (State or country) 12 MAIDEN NAME Dr. 18 LINGTH OF RESIDENCE (For Hospitals, Institutions, Trans-4 OF MOTHER 200 ients or Recent Residents) 13 BIRTHPLACE At place In the OF MOTHER State of death .....yrs.....mos.... (State or Country) ō Where was disease contracted, if not at place of dea h?... MY KNOWLEDGE 14 THE ABOVE IS TRUE Every Item CIANS sho statement Former or usual res.dence (Informant) (Address) If more b.anks are needed, addre.s Ltate Registrar, 16 W. Saratoga St., B

MARGIN

(Approved by U. S. Census and American Fublic Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g.. Farmer or Planter, tion applies to e.ch and every person, irrespective cf er," etc., Without more process. To all mine, etc. Wom-laborer, Farm laborer, Laborer—Coul mine, etc. Wom-Spinner, (b) Cotton mill; (a) Salesman. nature of the business or industry, and therefore an cases, especially in industrial employments, it is necestired 6 yrs). state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the whatever, write None. business, that fact may be indicated thus; Farmer (re-Never return". Laborer,"". Foreman," "Manager," "Dealworked on may form part of the second statement. report specifically the occupations of persons en-Foreman, For many occupations a single word or term cn without more precise specification as Day For persons who have no occupation (b) Automobile factory. The material (6) Grocery;

Strtement of Cause of Death—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

(secondary or intercurrent) affection need not be strated unless important. Example: Measles (disease tetanus) may be stated under the head of "contributory." "Inanition," "Marasmus," "Old Age," "Shock, "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("E:haustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid inges, peritonacum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of death accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, "PUERPERAL septicacmia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. "Uraemia," "Weakness," etc., when a definite disease causing death), 29 ds.; Bronchopneumonia (secondary), approved by Committee on Nomenclature carbolic acid-probably suicide. The n-ture of the injury, State cause for which surgical operation was underas fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway train-American Medical Association.) Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJULY cough; Chronic valvular heart Always qualify all disease;

If this certificate is looked over thoroughly and a'l questions anawered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	954
County Mondgomery	Registration Dist. No. 218
Village or City Mr. O Etchiston	NoSt., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Irshua Hinging	
(a) Residence: No. 21. Electrison and	St Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Jan. 19 3 (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Makey House	22.   I HEREBY CERTIFY, That   attended deceased from
6. DATE OF BIRTH (month, day, and year) Congust 5 - 1855	Hast saw h sin alive on Jan 19 1933; death is said
7. AGE Years Months Deys If LESS than 1 day,hrs.	to have occurred on the date stated above, atm, The PRINCIPAL CAUSE OF DEATH end related causos of importance
8. Trade, profession, or particular kind of work done, as SPINNER, Retired SAWYER, BOOKKEEPER, etc.	were as follows: Bate of onset disease Suller
A. Flade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (modify and	
- Sport in this	
12. BIRTHPLACE (city or town) 22224 Land	Other Contributory Causes of Importance:
(State or country)	
13. NAME James Higgins	4
13. NAME 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	Name of operation Date of
(State of Country)	What test confirmed diagnosis?
15. MAIDEN NAME 2 1 and Crount of 16. BIRTHPLACE (city or town) mary land	23. If death was due to external causes (VIOLENCE) fill in also the following:
O 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19,  Where did injury occur?
17. INFORMANT Resters Higgins (Address) Sauthersall	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Of Constant Day Jan 22 1933	Manner of injury
19. UNDERTAKER Roy W Barber	Nature of injury 24. Was disease or injury in any way related to occupation of deceased?
(Address) & gaithersburg may	If so, specify Q
20. FILED Jan. 20, 1933 Rachell Elepicon.	(Signed) der M. Doger M. D. M.

/If more blanks are needed, address State Registrar, 2411 N. Charles Street, Balsimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewifc in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

FOR BINDING

MARGIN RESERVED

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	00749
county Montgomery	Registration Dist. No. 216
Village or City Delfus day, Mds	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Mary Sertrude	Otill
(a) Residence: No. 21 T (Usually (Usual place of abode)	St. Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE  Concale  Account of the word	21. DATE OF DEATH  (Month) (Day) (Year)
(or) WIFE of Seo. M. Hell	22. HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Del. 16 18 90	i lest saw h alive on 19; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, et 5.30 Qm.
42 10 26 I dey,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8 Trade profession or particular	I was called to the Date of onset
9. Industry or business in which	house January 12
work wes done, as SILK MILL, SAW MILL, BANK, etc	and when I attended
O 10. Date deceased last worked at this occupation (month and year)	Them history I ust from
(b - 0 1	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) / harman (State or country)	say bottost till of
	pheternonias; tolar
14. BIRTHPLACE (city or hown)	Name of operation H days Out of
(State or country) Maryland	What test confirmed diagnosis?
16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOLENCE) fill in also the following:
O I6. BIRTHPLACE (city or town)  (State or country)	Accident, suicide, or homicide? Date of injury, 19
17. INFORMANT STRONGS W. Ofell	Where did injury occur? (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
(Address) 2/4 Rughy are Bellund a Mil	The state of the s
18. BURIAL, CREMATION, OR REMOVAL Bether da Pres	Manner of injury
Place ylenan em Date Jane 14, 1933	Nature of Injury
19. UNDERTAKER Am Reuben Pumphrey (Address) Rockwiller md	24. Was disease or Injury in any way related to occupation of deceased?
20. FILED Jan 13, 19.33 Dery C Perry	(Signed) (Signed) M. D.
Registrar, f	(Address) Jethes da, me

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Example 1		Example II	
The principal cause of dcath and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronie interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUBEAUVE			
Other contributory causes of importance:	M 4 4000	Other contributory eauses of importance:	
	May 1,1923	Gastroenteritis	1 year
RECEIVED			

WRITE PLAINLY,

Spec.	1-10-21	M	&T-	-1500	Bk
		***			

### HEALTH DEPARTMENT—CITY OF BALTIMORE

00750

CERTIFICATE OF DEATH. //-

I	BETHESI	ALTIMORE: (No.			Rd. ST., WARD	REGISTERED NO. 2 (If death occurred in a hospital or institution, give its NAME instead of street and
	(a) RESI		Naple Ri	dre, id.	ST., WARD(If non-reds. Kow long in U.S., if of foreign birth?	number.) sident give city or town and State) yrs. mos. ds.
	PERS	SONAL AND STATIS	TICAL PARTIC	ULARS	MEDICAL CERTIF	ICATE OF DEATH
	sex Female	4 COLOR OR RACE		, (write the word)	16 DATE OF DEATH (month, day,	
	(or) WIF	E of Charles				That I attended deceased from 30, 19.3.3.
6 1	DATE OF B	IRTH (month, day, and	year Jany. 21	"1879	and that death occurred, on the date	e stated above, at A m
7	AGE 54	Years Month	Days 10	If LESS than I day,hrs. ormln.	The CAUSE OF DEATH* was as	follows:
8		ON OF DECEASED profession or Houselind of work	sewife		(duration	n)
X	business, or	I nature of industry, r establishment in ployed (or employer)			CONTRIBUTORY (Secondary)	Tuffe
	(c) Name of	of employer				yrsds.
9 1	BIRTHPLAC (State or co	CE (city or town) Ma	shington	D.C.	Is Where was disease contracted if not at place of death?	Date of
	10 NAME (	of father John	a Stewart			
PARENTS	(State or	PLACE OF FATHER country) ashing	ton, D.C.		What test confirmed diagnosis? (Signed)	
PA	13 BIRTHE	N NAME OF MOTHER PLACE OF MOTHER country) asling	(city or town)		*State the Disease Causing Deatl state (1) Means and Nature of I Suicidal, or Homicidal. (See reverse	h, or in deaths from Violent Causes Injury, and (2) whether Accidental se side for additional space.)
14	Informant	Charles B	Jarvis		19 PLACE OF BURIAL, CREMAT MOVAL Washington.	W - 7 - 3
15	0	~31 1933 Q	Benj C. (	Parry Registrar	Harry & Slys	ADDRESS WELL AC

# REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH.

Approved by U. S. Census and American Public Health Asso.

salary), may be entered as Housewife, Housework, without more precise specification, as Day laborer, Automobile factory. The material worked on may when needed. As examples: (a) Spinner, (b) Cotton vided for the latter statement; it should be used only or industry, and therefore an additional line is prokind of work and also (b) the nature of the business trial employments, it is necessary to know freman, etc. But in many cases, especially in industect, Locomotive engineer, Civil engineer, Stationary Farmer or Planter, Physician, Compositor, Archior term on the first line will be sufficient, e. g., spective of age. For many occupations a single word question applies to each and every person, healthfulness of various pursuits can be known. The occupation is very important, so that the relative occupation whatever, write None. or At home, and children, not gainfully employed, as only (not paid Housekeepers who receive a definite home, who are engaged in the duties of the household Farm laborer, "Laborer," "Foreman," "Manager," form part of the second statement. Never return mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Farmer (retired, 6 yrs.). For persons who have no state occupation at beginning of illness. If retired or given up on account of the DISEASE CAUSINO DEATH, Housemaid, etc. If the occupation has been changed report specifically the occupations of persons engaged At school or At home. Care should be taken to from business, Statement of Occupation .- Precise statement of domestic service for wages, as Servant, Cook, Laborer-Coal mine, etc. Women at that fact may be indicated thus: "Dealer," etc., (a) the irre-

same accepted term for the same disease. DISEASE CAUSINO DEATH (the primary affection with toneum, etc., Carcinoma, Sarcoma, etc., of ... indefinite); Tuberculosis of lungs, Bronchopneumonia port "Typhoid pneumonia"); Lobar pneumonia; (avoid use of "Croup"); Typhoid fever (never re-Cerebrospinal fever (the only definite synonym is respect to time and causation), using always the (name origin; "Cancer" is less definite; avoid use of Statement of Cause of Death.-Name, first, the cerebrospinal ("Pneumonia," meningitis"); meninges, periunqualified, Examples: Diphtheria.

> symptomatic). "Atrophy," "Collapse," "Coma," "Conconditions, such as "Asthenia," "Anemia" (merely ary), 10 ds. Never report mere symptoms or terminal stated unless important. Example: Measles (disease diseases resulting from childbirth or miscarriage, as rhage," "Inanition," "Marasmus," "Old age," "Shock," causing death), 29 ds.; Bronchopneumonia Chronic interstitial nephritis, etc. The contributory death approved by Committee on Nomenclature of fracture of skull, and consequences (e. wound of head-homicide; Poisoned by carbolic acid ing; Struck by railway train-accident; Revolver determine definitely. Examples: Accidental drown-HOMICIDAL, or as probably such, if impossible to INJURY and qualify as ACCIDENTAL, undertaken. "PUERPERAL can be ascertained as the cause. Always qualify all "Uremia," "Weakness," etc., when a definite disease "Dropsy," "Exhaustion," "Heart failure," "Hemorvulsions," Whooping cough; Chronic valvular heart disease; tetanus) may be stated under the head of "Contribu-(secondary or intercurrent) affection need not be the American Medical Association.) -probably suicide. State cause for which surgical operation was (Recommendations on statement of cause of "Debility" ("Congenital," "Senile," etc.), for septicemia," "PUERPERAL peritonitis," For violent deaths state Means malignant The nature of the injury, as neoplasms); SUICIDAL, Measles;

ADDITIONAL SPACE FOR FURTHER STATEMENTS

BY PHYSICIAN.

1. PLACE OF DEATH

# STATE OF MARYLAND—CERTIFICATE OF DEATH

00751

County Montgomers	11-8)
0-1111 00 0 0 7	Registration Dist. No. 2/3
Village or City Staffall Strong, Ind. 18	death occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Joseph Edumod	Anteron .
(a) Residence: No. / Sugar Spetters &	and The way
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (with the word)	21. DATE OF DEATH  January 3rd, 193
5a. If married, widowed, or divorced HUSBANO of	(Month) (Day) (Year)
(or) WIFE of	22. I HEREBY CERTLEY, That I attended deceased from
hat ac	Jun. 3 ,1933, to Jan 3 ,1933
6. DATE OF BIRTH (month, day, and year) (x · 28, 1920	Tast saw herry alive on fancy 13 1933 deeth is said
7. AGE Years Months Oays If LESS than 1 day,	to have occurred on the date stated above, at F.m.
5 or min.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were es follows:
8. Trade, profession, or particular kind of work done, as SPINNER.	Oate of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  Industry or business in which	Influence about
No. Take, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked et this programs from the same this programs as the same than	Jan1/53
10. Date deceased last worked et   11. Total time (years)	
this occupation month and 19.32 spent in this secupation.	
7 2 6 77	Other Contributory Canses of importence:
12. BIRTHPLACE (city or town) Slan Authority (State or country)	
13. NAME Fled Johnson	None
E COM TO TO	
(State or country)	Name of operationDafe of
11.0	What test confirmed diagnosis Mayel yearn X Was there an autopsy? Lea
15. MAIOEN NAME Anna Beaum  16. BIRTHPLACE (city or town) Manual Construction of the C	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Saddle Silen (Address) Partitudo Presentation (Address)	Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place OX MINCE GROWING Oate yan 5, 1933	Nature of injury
19. UNDERTAKER Maines E. Tumphery  (Address) Tracker 100 200	24. Was disease or Injury in any way related to occupation of deceased?
115 32 The 26 T P. T.	(Signed) 4 4 Audistured M. D.
20. FILEO 19.3 Mus - W. V. V. V. Registrar.	(Address) Rochwill + M.M.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example II Example I The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis Attack of epilepsy 1915 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cercbral hemorrhage July 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones Gastroenteritis May 1.1923 1 year

37745-92		

STATE OF MARYLAN	ND-CERTIFICATE OF DEATH
1. PLACE OF DEATH	(33)
County //William	Registration Dist. No. 211
Village or City Clarkshing	NoSt.,Ward
Length of residence in city or town where death occurred yrs	(If death occurred in a hospital or institution, give its NAME instead of street and number)  —mos. How long in U.S. if of foreign birth?
(a) Residence: No. Clarksburg.	My st. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULAR	
3. SEX 4. COLOR OR RACE OR DIVORCED (write the	OWED. yord)  21. DATE OF DEATH  (Month)  (Day)  (Year)
HUSBAND of (or) WIFE of H. H. Karolake	22.   I HEREBY CERTIFY, That I attended deceased from 1933, to 1955
6. DATE OF BIRTH (month, day, and year)	I last saw he alive on f 133; death is sale
62 8 1 day,	S than to have occurred on the date stated above, atm.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  Date et enset
8. Trade, profession, or particular kind of work done, as SPINNER SAWYER, BOOKKEEPER, etc.	Earcingua of the
kind of work done, as SPINNER SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Dato deceased last worked at this occuration (might and	
10. Dato deceased last worked at this occupation (munth and year) 11. Total time (years) spent in this occupation	2
12. BIRTHPLACE (city or town) England (State or country)	Other Contributory Causes of Importance:
13. NAME It silvana Doy	
13. NAME Alland Bry 14. BIRTHPLACE (city or town) England	Name of operation
(State of country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME GABETH MILLIAM  16. BIRTHPLACE (city or town) Cugland  (State or country)	23. If death was due to external causes (VIOL ENCE) fill In also the following:  Accident, suicide, or homicide?
17. INFORMANT (Address)  18. BURIAL, CREMATION, OR REMOVALE	Specify whether injury occurred In INDUSTRY, in HOME, or In PUBLIC PLACE.
Place Francistale, Pa Date 1- 20	Manner of injury Nature of injury
19. UNDERTAKER THUBEN Pursey holy (Address) Bockirle, Mid.	24. Was disease or injury in any way related to occupation of deceased?
20. FILED Jan 18 19 33 WE Lower Ro	(Signed) Anthorsburg M.D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was donc.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

PLACE OF DEATH STATE OF MARYI AND CERTIFICATE OF DEATH CORPOBATE LIMITS OF EXACTLY, Registration Dist. No. (If deeth occurred in Ward) a hospital or institution, give Its NAME I: steed of street and number.) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE 16 DATE OF DEATH MARRIED. be WIDOWED. OR DIVORCED may Write the word) (Month) (Day) 6 DATE OF BIRTH I HEREBY CERTIFY, That I attended the decessed from that (Month) (Day) (Year) 7 AGE Ilf LESS than and that death occurred on the date stated above, at .. The CAUSE OF DEATH \* was as follows: mos. or min.? 8 OCCUPATION (a) Trade, profession or particular kind of work pia (b) General nature of industry business, or establishment in which employed or (employer) mpol Contributory 9 BIRTHPLACE Secondery (State or country) DA (Duration) OB 10 NAME OF (Signed) 34 0 1923 (Address) 69(/ 11 BIRTHPLACE O OF FATHER WZ \*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of injury and (2) Whether' PO I (State or country) Accidental, Suicidal or Homicidal. C 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (For Hospitels, Institutions, Transients or Recent Residents) 13 BIRTHPLACE At place In the OF MOTHER of death. State... (State or Country) Where was disease contracted, if not at place of dee.h?. Former or usual residence (Informant) DATE OF BURIAL CIAI ADDRESS If more bienks are needed, addre.s State Registrar, 16 W. Seratoga St., Balto., Requesting V. S. No. 1.

RESERVED

MARGIN

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from should be used only when needed. additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the whatever, write None. tired 6 yrs). business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a laborer, Farm laborer, Laborer-Coal mine, etc. Women at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of nner, (b) Cotton mill; (a) Salesman, (b) Grocery; Foreman, (b) Automobile factory. The material For many occupations a single word or term on without more precise specification as Day For persons who have no occupation Locomotive engineer, As examples: (a)

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

accident; Revolver wound of head-homicide; Poisoned by (Recommendations on statement of cause of telanus) may be stated under the head of "contributory." or as probably such, if impossible to determine definitely, approved as fracture of skull, and consequences (e. g., sepsis, taken. For violent deaths state means of injuly diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. stated unless important. Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, can be ascertained as the cause. Always qualify all "Debility" ("Congenital," "Senile," etc.), "Dropsy," "E.haustion," "Heart failure," "Haemorrhage," "Shock," ..... (name origin; "Cancer" is less definite; avoid American Medical Association.) carbolic acid-probably suicide. The nature of the injury, State cause for which surgical operation was under-"Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be stited unless important. Example: Measles (disease Whooping cough; Chronic Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," perilonaeum, etc., Carcinoma, Sarcoma, etc., oi Never report mere symptoms or terminal condiby Committee on Nomenclature of the Chronic valvular heart disease; etc. The contributory ," "Convulsions,

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently flied.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	i i	Example II	
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset
Chronic interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF	F MARYLAND—CERTIFICATE OF DEAT	00755

1. PLACE OF DEATH	
County Montgomery	Registration Dist. No. 2//
Village Dr City Stains town	No. St., Ward
1/	death occurred in a hospital or institution, give its NAME instead of street and number)
W. The W.	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME HOURS M. King	
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX  4. COLOR OR RACE OR DIVORCED (write the word)  Married	21. DATE OF DEATH
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Plus wheth Penner, Knig	22. A I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Lan 13, 1871	Hast saw haten sine on 12 ,1933; death is said
7. AGE Years Months Days If LESS than	to hava occurred on the data stated ebova, at 16 4 m.
61 11 29 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8 Trade profession or particular	Protably due to heart as Date of onset
kind of work done, as SPINNER Harm Johnen SAWYER, BOOKKEEPER, etc.	death was instantaneous, a few ments
9-Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	
U 10. Data daceased last worked at . 11. Total time (years)	
this occupation (month and Jun. 1238 spant in this occupation	
12. BIRTHPLACE (city or town) Kings Valley	Other Contributory Causes of importance:
(State or country)	
13. NAME Charles G. King	
13. NAME Charles G. Rung  14. BIRTHPLACE (city or town) Knigs Valley  (State or country)	Name of operation Date of
(State or country) Fud.	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Mary 2. Walters	23. If deeth was dua to external causas (VIOL ENCE) fill in also the following:
15. MAIDEN NAME Mary 2. Walterns  16. BIRTHPLACE (city or town) Mr. Damaseux  (State or country)	Accident, suicide, or homicide? Date of Injury
E (State or country)	Where did injury occur?
17. INFORMANT Mus. Elizabeth, Fing (Address) R. D. Clarksburg ms	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION OR REMOVAL	Manner of Injury
Place & Carlletting, Cem Date Jan 10, 1933	Nature of injury
19. UNDERTAKER H. Th. Sunder, (Address) MM. aug ma	24. Was disease or Injury In any way related to occupation of deceased? Here with.
20. FILED Jan-14, 1933 7m & Lyon Registrar.	(Signed) Large M. Joyer M. D.  (Address) Damas Cold, M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5, 1927	Peritonitis	3 days ago
	HIGGAIGO F.E.	
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	Date of onset  The principal cause of death and related causes of importance were as follows:  1915 Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis  Other contributory causes of importance:

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

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11.—The number of years the deceased followed the occupation.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I	Jį.	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		MAKINOSI	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ż

STATE OF MARYLAND—	CERTIFICATE OF DEATH	
1. PLACE OF DEATH	<u> </u>	
county mantgomery	Registration Dist. No. 217	
Village or City Brookeville	No. St., War	d
Length of residence in city or town where death occurredyrs,mos.	death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth?	s.
2. FULL NAME Mary L. Lewis		
(a) Residence: No. 2 W Dlungton Sh (Usu()place of abode)	St., Ward.   Leusurgton	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	_
3. SEX 4. COLOR OR RACE OR DtVORCED (write the word)	21. DATE OF DEATH  (Month) (Day) (Yeer)	
5e. If married, widowed, or divorced HUSBAND of (or) WIFE of Cramble, Lewis Classed	22. I HEREBY CERTIFY, Thet I ettended deceased from	
6. DATE OF BIRTH (month, dey, and yeer) Que 11, 1844	I lest sew h elive on for 6 , 1933; deeth is sei	
7. AGE Yeers Months Deys If LESS then 1 day,hrs.	to have occurred on the date stated above, et 123	
89 14 26 ormin.	The PRINCIPAL CAUSE OF DEATH end releted causes of importance were as follows:	<u>.</u>
8. Trede, profession, or perticuler kind of work done, es SPINNER, SAWYER, BOOKKEPPER, etc.		-
9. Industry or business in which or work wes done, es SILK MILL.	Wernea 1/1/3:	3
SAW MILL, BANK, etc  10. Date decessed lest worked et this occupetion (month end spent in this occupetion  year)		-
12. BIRTHPLACE (city or town) Hagesville Pa	Other Contributary Causes of importence:	
	replietes, 2/1/3	0
13. NAME William dynch  14. BIRTHPLACE (city or town)  (State or country)	Name of operation. Date of	
# 15. MAIDEN NAME Release West)	What test confirmed diegnosis? Expanse. Was there en autopsy? 23. If death was due to external ceuses (VIDLENCE) fill in elso the following:	20
15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (Stete or country)	Accident, suicide, or homicide? 22 Dete of injury	2
17. INFORMANT Grace S. Reyan (Address) 2 Weshington It Knows to	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.	-
18. BURIAL, CREMATION, OR REMOVAL.  LENGTH Jan 9, 1933	Menner of Injury	-
19. UNDERTAKER Wim Surben Rumphreys (Address) och ville md.	24. Wes disease or injury In any way releted to occupation of deceased?	-
20. FILED Jam 9 , 1933 CSBarnsley Registrar.	(Signed) M. I	D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related of importance were as follows:	causes Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis SAII	3 days ago
		- LEB 0 1933	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

1. PLACE OF DEATH	<u></u>
County Minigomery	Registration Dist. No. 218
Village or City Gadhershing (If	No. 27. Walker ave St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred	ds. How long in U.S. If of foreign birth?yrsmosds.
2. FULL NAME Sallie M. Lower	
(a) Residence: No. 27 Nather Goe (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Turale  4. COLOR OR RACE Turale  5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  (Month)  (Day)  (Year)
5a. If married, widowed, or divorced HUSDANIA (or) WIFE of W. M. Lewis	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) 7th 16: 1862	I tast saw here alive on Jan 160 , 1923; death is said
7. AGE Years Months Days If LESS than 1 day,hrs. orhrs.	to have occurred on the data stated abova, atOAm.  The PRINCIPAL CAUSE OF DEATH and related causes of importence wera as follows:  Data of onset
8. Trade, profession, or particular kind of work done, as SPINNER, Housewiff SAWYER, BOOKKEEPER, etc.	Cancinoma of Tungand Ever 9:1/3/2
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or businass in which work was done, as SILK MILL. SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and spent in this scenarion (month and spent in this scenarion (month and spent in this scenarion).	Carcinoma of Bulast 1:-16-13
O 10. Date deceased last worked at this occupation (month end year)	
12. BIRTHPLACE (city or town) Fredericks Co- (Stata or country)	Other Contributory Causes of importance:  Collect Segurgital Lendowalls 1922
13. NAME Thomas Trundle.	
13. NAME / homes / mudle- 14. BIRTHPLACE (city or town) Friedle Co. Ind- (State or country)	Name of operation exercised for the state of 193/
E 15. MAIDEN NAME Wary & Jours	23. If death was due to external causes (VIOLENCE) fill in also tha following:
15. MAIDEN NAME Wary & Over 16. BIRTHPLACE (city or town) The du Co	Accident, suicide, or homicide?
17. INFORMANT Woodled Cervis (Address)	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Madate Jon 19 1933	Manner of injury
19. UNDERTAKER Respess Principles	Nature of injury 24. Was disease or injury in any way related to occupation of decaased?
20. FILED Jan 19, 1933 Rachel D. Stekisons. Registrar.	(Signed) Lester & hvung M. D.  (Addless) Sanovuville Med

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.-The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

# STATE OF MARYLAND-CERTIFICATE OF DEATH

(1	0	7	5	9
0	0	-	411	16

HUSBAND of (cr) WIFE of Accounting the property of the propert	IN I EACE OF DEATH		(81:a)	
Village or City  Length of residence in city or townswhere death occurred	County Montgomen	1	Registration Dist. No. 2/6	
Length of residence in city or townsyndey's death occurred in a broptist or institution, give in NAME instead of street and number)  2. FULL NAME  (a) Residence: No.  **Charle place of abody**  DEFRONAL AND STATISTICAL PARTICULARS  3. SINCLE MARKED, WINDWED  OR NIVERCED (went the wint)  S. If married, videored, or divorced  (NUSARD) or BIRTH (month, day, and year)  T. AGE  Year  **Months**  Days  **I ESS than  I day,	1 / K _ / L		No.	Ward
2. FULL NAME (a) Residence: No.  (b) If nonresident give city or town and State  PERSONAL AND STATISTICAL PARTICULARS  3. SEX.  4. COLOR OR RACE  5. SINGLE MARRIED, WIDOWED  OR, DIVORCED (write the ward)  15. If married, widowed, or divorced HUSARD or (No.) Wife of (N	Length of residence in situ or house to	(1	f death occurred in a hospital or institution, give its NAME instead of street and number	)
(a) Residence: No.    Claust place of abodo   Claust place   Claust plac	101	leath occurred yrs mo	sds. How long in U.S. if of foreign birth?yrsmos	ds.
Closed place of shede)  PERSONAL AND STATISTICAL PARTICULARS  3. SEX.  4. COLOR OR RACE  S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the wind)  Sa. If married, widoward, or divorced HUSBAND or Chemical Control of the Color	2. FULL NAME Mas	his Little	<b>)</b>	
9. SET 4. COLOR OR RACE  15. SINGLE, MARKEED, WIDOWED, OR DIVORCED Committee by droit  15. If married, widowed, or divorced flushand or	(a) Residence: No.	theda not	St., Ward.	
3. SEX 4. COLOR OR RACE OR DIVORED ON DIVORED Comit by wylrd)  5a. If married, widowed, or divorced (or) WiFe of American Section of Committee (or) WiFe of American Section of Particular Section of Part	DEDCOMAL AND STATIST		The state of the s	
OR DIVORCED (write the winds)  5. If married, widowed, or divorced MUSBAND or (Control Month)  (109) Wife of Control Musband or				
5. If married, widowed, or divorced HUSSAND (or) WIFE of Control of Cory WIFE of Co	4. COLOR OR RACE	OR DIVORCED (write the word)	Jan. 12 193	3
6. DATE OF BIRTH (month, day, and year) 7. AGE  Years  Morphs  Days  If LESS than I day, hrs or min.  8. Trada, profession, or particular kind of work done, as SPINNER, SAWTR, BDONKEPER, etc.  10. Data of plast Was done, as SLK MILL, SAW MILL, BANK, etc.  10. Data of plast Was done, as SLK MILL, SAW MILL, BANK, etc.  11. Total time (years) span in in his occapation (month and year)  12. BIRTHPLACE (city or town) (State or country)  13. NAME  14. BIRTHPLACE (city or town) (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town) (State or country)  17. INFORMANT (Address)  17. UNFORMANT (Address)  18. Trada, profession, or particular wind of work done, as SPINNER, SAWTR, BONKEPER, etc.  19. Joseph Service on the date stated above, at Joseph Service to have occurred on the date stated above, at Joseph Service to have occurred on the date stated above, at Joseph Service to have occurred on the date stated above, at Joseph Service to have occurred on the date stated above, at Joseph Service To have occurred on the date stated above, at Joseph Service To have occurred on the date stated above, at Joseph Service To have occurred on the date stated above, at Joseph Service To have occurred on the date stated above, at Joseph Service To have occurred on the date stated above, at Joseph Service To have occurred on the date stated above, at Joseph Service To have occurred on the date stated above, at Joseph Service To have occurred on the date stated above, at Joseph Service To have occurred on inportance To have occu	5a. If marriad, widowad, or divorced HUSBAND of			ear)
5. DATE OF BIRTH (month, day, and year)  7. AGE  Years  Months  Days  IT LESS than 1 day,hrs ormin.  The PRINCIPAL CAUSE OF DEATH and related above, at	(or) WIFE of	Pett.	1 HEREBY CERTIFY, That I ettanded decease	d from
The PRINCIPLA CAUSE of Days  IT LESS than 1 day,	1	11.04/	1 10 000	55
1 day,		Juc. 11, 1871	, , , , , , , , , , , , , , , , , , , ,	is sald
L Trada, profession, or particular kind of work dona, as SPINNER, SANYER, BDAKK-EPER, etc.  9. Industry or business in which was done, as SSIN MILL, Sork MILL, Sank	Months Months			
SAVER, BDOKKEFER, PILON REPER,	6/6/1		Wera as follows:	of odeat
pear)    Spart in this occupation   Description   Descript	kind of work dona, as SPINNER,	7.1.	Cerebral hemorrhand	UZL
pear)    Spart in this occupation   Description   Descript	SAWYER, BDDKKEEPER, etc	Jusaunes	f. 1	
Description occupation  Description  Date of  What tast confirmed diagnosis?  Was there an autopsy?  23. If death was due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?  Description of injury  Where did injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.  Manner of injury  Nature o	work was dona, as SILK MILL, SAW MILL, BANK, etc.			
Dthar Contributory Causes of importance:  Date of Contributory Causes of importance:  Date of Contributory Causes of importance:  What tast confirmed diagnosis?  Was there an autopay?  Accident, suicida, or homicida?  Date of Injury Cacuses (VIOLENCE) fill in also tha following:  Accident, suicida, or homicida?  Date of Contributory Causes of importance:  Cacuses of importance:  Dthar Contributory Causes of importance:  What tast confirmed diagnosis?  Was there an autopay?  Where did Injury occur?  Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.  (Address)  Date of Cacuses of Importance:  Date of Cacuses	- I this occupation (month and	11. Totel time (yaars) spant in this occupation		
13. NAME   Pariton   Date of   14. BIRTHPLACE (city or town)   State or country)   What tast confirmed diagnosis?   Was there an autopsy?   15. MAIDEN NAME   Sarah   Was there an autopsy?   16. BIRTHPLACE (city or town)   State or country)   Where did Injury occur?   17. INFORMANT   Specify city or town, country and State)   Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.   18. BURIAL, CREMATION, OR REMOVAL   Place   Vash   Date   Date   Date   Date   Date   Specify whether injury   19. UNDERTAKER   Was disease or injury   Nature of injury   19. UNDERTAKER   Specify   Signad   Specify   Specify   Specify   Signad   Specify   Specify   Specify   Specify   Signad   Specify   Spe	12. BIRTHPLACE (city or town) (State or country)	enton	Dthar Contributory Causes of importanca:	
What tast confirmed diagnosis?  Was there an autopsy?  23. If death was due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?  Data of Injury  Where did Injury occur?  Specify city or town, county and State)  Specify whether injury occurred in INOUSTRY, In HOME, or in PUBLIC PLACE.  (Address)  Manner of injury  Place  Was disease or injury in any way related to occupation of dacassed?  Was there an autopsy?  23. If death was due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?  Specify city or town, county and State)  Specify whether injury occurred in INOUSTRY, In HOME, or in PUBLIC PLACE.  Manner of injury  9. UNDERTAKER  (Address)  Was there an autopsy?  Accident, suicide, or homicide?  Specify city or town, county and State)  Specify whether injury occurred in INOUSTRY, In HOME, or in PUBLIC PLACE.  (Specify whether injury occurred in INOUSTRY, In HOME, or in PUBLIC PLACE.  (Specify whether injury occurred in INOUSTRY, In HOME, or in PUBLIC PLACE.  (Specify city or town, county and State)  Specify whether injury occurred in INOUSTRY, In HOME, or in PUBLIC PLACE.  (Specify city or town, county and State)  Specify whether injury occurred in INOUSTRY, In HOME, or in PUBLIC PLACE.  (Specify city or town, county and State)  Specify whether injury occurred in INOUSTRY, In HOME, or in PUBLIC PLACE.  (Specify city or town, county and State)  Specify whether injury occurred in INOUSTRY, In HOME, or in PUBLIC PLACE.  (Specify city or town, county and State)  Specify whether injury occurred in INOUSTRY, In HOME, or in PUBLIC PLACE.  (Specify city or town, county and State)  Specify whether injury occurred in INOUSTRY, In HOME, or in PUBLIC PLACE.  (Specify city or town, county and State)  Specify whether injury occurred in INOUSTRY, In HOME, or in PUBLIC PLACE.  (Specify city or town, county and State)  Specify whether injury occurred in INOUSTRY, In HOME, or in PUBLIC PLACE.  (Specify city or town, county and State)  (Specify city or t	1 1	Zitle		
What tast confirmed diagnosis?  Was there an autopsy?  23. If death was due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?  Data of Injury  Where did Injury occur?  Specify city or town, county and State)  Specify whether injury occurred in INOUSTRY, In HOME, or in PUBLIC PLACE.  (Address)  Manner of injury  Place  Was disease or injury in any way related to occupation of dacassed?  Was there an autopsy?  23. If death was due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?  Specify city or town, county and State)  Specify whether injury occurred in INOUSTRY, In HOME, or in PUBLIC PLACE.  Manner of injury  9. UNDERTAKER  (Address)  Was there an autopsy?  Accident, suicide, or homicide?  Specify city or town, county and State)  Specify whether injury occurred in INOUSTRY, In HOME, or in PUBLIC PLACE.  (Specify whether injury occurred in INOUSTRY, In HOME, or in PUBLIC PLACE.  (Specify whether injury occurred in INOUSTRY, In HOME, or in PUBLIC PLACE.  (Specify city or town, county and State)  Specify whether injury occurred in INOUSTRY, In HOME, or in PUBLIC PLACE.  (Specify city or town, county and State)  Specify whether injury occurred in INOUSTRY, In HOME, or in PUBLIC PLACE.  (Specify city or town, county and State)  Specify whether injury occurred in INOUSTRY, In HOME, or in PUBLIC PLACE.  (Specify city or town, county and State)  Specify whether injury occurred in INOUSTRY, In HOME, or in PUBLIC PLACE.  (Specify city or town, county and State)  Specify whether injury occurred in INOUSTRY, In HOME, or in PUBLIC PLACE.  (Specify city or town, county and State)  Specify whether injury occurred in INOUSTRY, In HOME, or in PUBLIC PLACE.  (Specify city or town, county and State)  Specify whether injury occurred in INOUSTRY, In HOME, or in PUBLIC PLACE.  (Specify city or town, county and State)  Specify whether injury occurred in INOUSTRY, In HOME, or in PUBLIC PLACE.  (Specify city or town, county and State)  (Specify city or t	4 14. BIRTHPLACE (city or town)		Nama of operation Date of	
15. MAIDEN NAME  16. BIRTHPLACE (city or town) (Stata or coupley)  17. INFORMANT (Address)  18. BURIAL, CREMATION, OR REMOVAL Place (Address)  19. UNDERTAKER (Address)	(State or country)			
Where did Injury occur?  (Specify city or town, county and State)  Specify whether injury occurred in INOUSTRY, In HOME, or in PUBLIC PLACE.  (Address)  B. BURIAL, CREMATION, OR REMOVAL  Placa Was live and I 2, 19 2  9. UNDERTAKER  (Address)	15. MAIDEN NAME Sarah	miller		
(Specify city or town, county and State)  Specify whether injury occurred in INOUSTRY, In HOME, or in PUBLIC PLACE.  (Address)  Specify whether injury occurred in INOUSTRY, In HOME, or in PUBLIC PLACE.  (Address)  Manner of injury  Nature of injury  (Address)  Public Place  24. Was disease or injury in any way related to occupation of dacaased?  (Address)	16. BIRTHPLACE (city or town) (State or country)	U.	Accidant, suicida, or homicida? Data of Injury, 19	
9. UNDERTAKER Wash Wash. Description of decassed? Wash Wash. Description of decassed? If so, specify  (Address) 12, 1933 Berg C. Perry  Registrary  (Address) 70 (Address)	17. INFORMANT Charol	+ Zetto	(Specify city or town county and State)	
9. UNDERTAKER (Address)  10. FILED  Place  VARU.  Date  And Address  Nature of injury  24. Was disease or injury in any way related to occupation of dacassed?  (Signad)  (Address)	18. BURIAL, CREMATION, OR REMOVAL		Manage of Intern.	
9. UNDERTAKER Washing Warly. D.E. If so, specify (Address) 1400 Chapus Warly. D.E. (Signad) (Signad) M.D. (Address) 70. FILED	Placa Wash. DC	Date 2011/21933		
(Address) Mod Chaper Wark. D. If so, specify (Signad) (Signad) (Address) And M. D. (Address) And Address And Addre	W/1/ al	1/		
10. FILED Jan 12, 1933 Berij C. Perry (Signad) Weeller HTM. D. (Addrass) 32 / 104 Am. D.		Wash, DE		0
	0. 10 - 7	Benj C Perry	1 Man Collins I Have	D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		
S Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5, 1927	Peritonitis	3 days ago
/	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	of importance were as follows:  Attack of epilepsy  1921 Run over by street car  July 5, 1927 Peritonitis  Other contributory causes of importance:

ADDITIONAL SPACE	E FOR	FURTHER	STATEMENTS	BY	PHYSICIA	N

B

item of infor-

1. PLACE OF DEATH	(82-a)
County Monlyonery	Registration Dist. No. 2/8
Village or City	NoSt., Wa
2. FULL NAME May Jundales and many 2. FULL NAME May Jundales and may make the second of the second o	(If death occurred in a horpital or institution, give its NAME instead of street and number) os
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARKIED, WIOOWED, OR DIVORCED (write the word)  White 5a. If married, widowed, or divorced	21. DATE OF DEATH 25 , 1983 (Month) (Oay) (Year)
S. DATE OF BIRTH (month, day, and year)  AGE  Years  Months  B. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9, Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Oate deceased last worked at this occupation (month and year)  2. BIRTHPLACE (city or town)  (State or country)  13. NAME Muddle Amanda Managarda.	Other Contributory Causes of importance:  Other Contributory Causes of importance:  Other Contributory Causes of importance:
14. BIRTHPLACE (city or town) (State or country)	Name of operation
15. MAIOEN NAME  16. BIRTHPLACE (city or town). 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	What test confirmed diagnosis? Was there an au opsy? 23. If death was due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide? Date of Injury , 19  Where did injury occur? (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
8. BURIAL, CREMATION, OR REMOVAL Place Los han Country Date 1 28 , 19 33	Manner of injury
9. UNDERTAKER Rolling Burling Charles S. Etchison Ben Q. J. C. Registrar.	24. Was disease or injury in any way related to occupation of deceased?  If so, specify  (Signed)  (Address)  (Address)  (Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mcchanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S			
Other contributory causes of importance:	-3	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastro nteritis	1 year

ADDITIONAL SPACE I	FOR	FURTHER	ST	TEMENTS	BY	PHYSICIAN
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MARGIN RESERVED FOR BINDING

N. B.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 00761
1. PLACE OF DEATH	
County Mondgomeny Village or City Lakorna Park	No. 34 Elm ave - St., Ward
Length of residence In city or town where death occurred fyrs mos  2. FULL NAME Mus Raura Elizabeth	death occurred in a hospital or institution, give its NAME instead of street and number)
(a) Residence: No. 34 Elm av -	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX  Female  4. COLOR OR RACE  OR DIVORCED (write the word)  Wildowed	21. DATE OF DEATH  (Mohth)  (Day)  (Year)
5a. H-married, widowed, or differenced HUSBAND of Charles It Deserved	22. 1 HEREBY CERTIFY, That I attended deceased from  1932, to Paymy 25 1933
6. DATE OF BIRTH (month, day, and year) Jan 5 1857	i last saw h ar alive on young 24 th 1900; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 7.43 P.m.
76. 4n- 20 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8 Trade profession or particular	Date of onset
SAWYER, BOOKKEEPER, etc.	Neabeles Mel
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Dato deceased last worked at this organization (month and	
10. Dato deceased last worked at this occupation (month and year)	
12. BIRTHPLACE (city or town) Calmet Co. Westernam (State or country)	Other Contributory Causes of Importance: Two
13. NAME adam Rickerbocker  14. BIRTHPLACE (city or town). NEW York State	sousequent lowed heart love
14. BIRTHPLACE (city or town) MEW York at alle	Name of operation
(State or country)	What test confirmed diagnosis? Was there an autopsy?
16. BIRTHPLACE (city or town) New York Dlate	23. If death was due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?
17. INFORMANT PMS Cora Lallannus (Address) 34 Elin 2	Where did Injury occur?
18. BURIAL, CREMATION, OR REMOVAL O Date Jan 27 1933	Manner of injury
19. UNDERTAKER N. M. Charbers 60 (Address) 1400 Chapin W. N.M. Wash, D.	Nature of injury 24. Was disease or Injury In any way related to occupation of deceased? W
20. FILED Jan 26, 1933 26. E. Rogers.	(Signed) Lauvella & "res (Address) 105 Carry Takona Park)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

	infor- state UPA-	STATE OF MARYLAND—C	CERTIFICATE OF DEATH
		1. PLACE OF DEATH	107
	should of	County // foulgomeny	Registration Dist. No.
	item show	Village or City Upper	No. No. War death occurred in a horpital or institution, give its NAME instead of street and number)
	> 00 +	Length of residence in city or town where death accurredmos	
	D. Every SICIANS tatement	2. FULL NAME Strepa Olton	in Mackley
	RD. YSI stai	(a) Residence: No.   Clevella   Mod (Usual place of abode)	St., Ward.  If nonresident give city or town and State
	RECORD PHYS Exact sta	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	RECO (. PH Exact	3,SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
5	d. L.	female Mult married	(Month) (Day) (Year)
	RMANEN X A C T L classified.	As. If married, widowed, or divorced HUSBAND of (or) WIFE of	22.   I HEREBY CERTIFY, That I attended deceased from
2	ERM EXA	regula failly	January 23 1933, 10 January 27 , 193:
12		6. DATE OF BIRTH (month, day, and fear) and 28 - 19016	Hast saw h. el alive on January 27 1, 19 33; death is sai
J.	IS A PE stated E properly certificate	7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at 3,29 cm.  The PRINCIPAL CAUSE OF DEATH and related causes of importance
F	IS sta pro cert	8. Trade, profession, or particular	were as follows:
7	HIS be be of	kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Bronchopneumoura gar 22
>	ould may back	9. Industry or business in which	
25.	S H I	O To Date deceased last worked at 11. Total time (years)	
2		O this occupation (month and spent in this occupation ————————————————————————————————————	Other Country
Z	NFADING oplied. AGI erms, so tha instructions	12. BIRTHPLACE (city or town) Lenderson	Other Cantribatary Causes of importance: Carribatory failure (4x26)
5	FAI ied. ns, stru	(State or country)	
AR		13. NAME Furdrick Colward Schretze	
=	± .= m	14. BIRTHPLACE (city or town) (State or country)	Name of operation
5	it pl	15. MAIDEN NAME Unbrown	What test confirmed diagnosis? Was there an autopsy? 23. If death was due to external causes (VIOLENCE) fill in also the following:
	PLAINLY, WTCI hould be carefully OF DEATH in pla very important.	5 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
	be of SAT	(State or country)	Where did injury occur?(Specify city or town, county and State)
	hould be car OF DEATH very import	17. INFORMANT Mes. Harvey tralry truly autom	Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
		18. BURIAL, CREMATION, OR REMOVAL . O.	Manner of Injury
		Place To clavelle Union Date Jan 30, 19 53	Nature of injury
	WRITE mation s CAUSE TION is	19. UNDERTAKER Wy. Jouben Plunfolucy	24. Was disease or Injury in any way related to occupation of deceased? No
	e a	(Address) Rochwelle nod	If so, specify
5	ż	20. FILED and 9, 1933 CS Jarnsley	(Signed) & futter Hoodinan M.
		Registrar.  If more blanks are needed, address State Registrar, 2.	(Address) S Controlle M

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Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

Gallstones	May 1,1923	Gastroenteritis	1 year
AI	DITIONAL SPACE FOR FURTH	ER STATEMENTS BY PHYSIC	CIAN

If more blanks fre needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

(Day)

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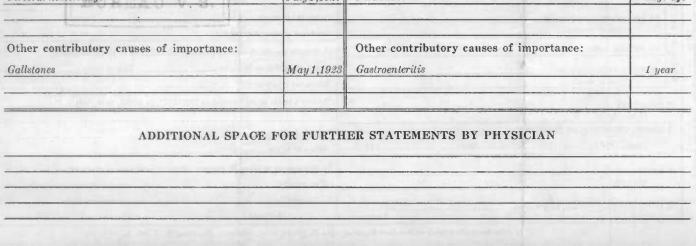
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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year



STATE OF MARYLAND—CERTIFICATE OF DEATH infor-OCCUPA-1. PLACE OF DEATH pluods County\_\_ Registration Dist. No. Village or City (If death occurred in a hospital or institution, give its NAME instead of street and number) PHYSICIANS Length of residence in city or town where death occurred mos. / ds. How long in U.S. if of foreign birth? vrs. mos ds. statement (a) Residence: No. If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH OR DIVORCED (write the word) 5a. If married, widowed, or divorced BINDING HUSBAND of 22. CERTIFY, Thet I attended deceased from (or) WIFE of 6. DATE OF BIRTH (month, day, end yeer) certificate. 7. AGE Days if LESS than Months to have occurred on the date steted shove, at 1 day .....hrs The PRINCIPAL CAUSE OF DEATH and related causes of importance or \_\_\_\_min. were as follows: Data of onsat 8. Trade, profession, or particular OCCUPATION RESERVED kind of work done, es SPINNER. SAWYER, BDDKKEEPER, etc.... back 9. Industry or business in which should work was done, as SILK MILL. SAW MILL, BANK, etc .... 10. Date deceased lest worked at 11. Total time (years) this occupation (month and spent in this occupation \_\_\_\_ instructions Other Contributory Causes of importence MARGIN 12. BIRTHPLACE (city or town) (State or country) FATHER 13. NAME 14. BIRTHPLACE (city or town) Name of operation. (State or country) carefully What test confirmed diagnosis? MOTHER important. 15. MAIDEN NAME 23. if death was due to external causes (VIDL ENCE) fill in elso the following: ii DEATH Accident, suicide, or homicide? Date of injury 16. BIRTHPLACE (city or town) (Stete or country) Where did injury occur?\_\_. (Specify city or town, county and State) Specily whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. 17. INFORMANT plnous OF (Address) 18, BURIAL, CREMATION, DR REMOVA Manner of Injury WRITE CAUSE LION Nature of injury 24. Was disease or injury in any way related to occupation of deceased? (Address) If so, specify 2D. FILED. Registrar. If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Cerebral hemorrhage	July 5,1927	Peritonitis '	3 days ago
FEB 7 1033			
Other contributory causes of importance: 5.	May 1,1923	Other contributory causes of importance:	
Valuotorico	May 1,1925	Gastroenteruts	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	RY	PHYSICIAN
TENNEST TOTAL STATE	DI GLUIA	TOTAL	T. C. R. T. I. T. T.	DIT AFT THE THE TOTAL TO	17 1	T TE T DI CATAL

(If death occurred in

a hospital or institution, give its NAME in stead of street and

number.)

PHYSI-

RESERVED MARGIN

-	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DI
35	SEX 4 COLOR OR RACE 5 SINGLE, MARRIED. WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH CHORLY (Month) (Da
6 0	May 21 186/	I HEREBY CERTIFY, That Lattended
	(Month) (Day) (Year)	that 1 jast saw hard alive on
7 A		and that death occurred on the date stated above
	of vrs. moa, ds. or min.?	The CAUSE OF DEATH * was as follows:
8 0	OCCUPATION	Angun Tools
(	a) Trade, profession or articular kind of work	
	b) General nature of industry	//
b	usiness, or establishment in	(Dyration)yre.
b w	ousiness, or establishment in which employed or (employer)	Contributory Dialetes Mi
b w	usiness, or establishment in	Via Potoi MI
b w	pusiness, or establishment in which employed or (employer)  SIRTHPLACE (State or country)  10 NAME OF	Contributory Secondary Duration) 5 yrs.
b	BIRTHPLACE (State or country)  10 NAME OF FATHER LUSS Worthers	Contributory Secondary  Secondary  Duration)  System  (Signed)
b	pusiness, or establishment in which employed or (employer)  SIRTHPLACE (State or country)  10 NAME OF	Contributory Secondary  Duration System  (Signed) (Address) (Addre
9 E	pusiness, or establishment in which employed or (employer)  BIRTHPLACE (State or country)  10 NAME OF FATHER  11 BIRTHPLACE OF FATHER  (State or country)  Percura  (State or country)  Percura  (Carther of Country)	Contributory Secondary  Duration System  (Signed) (Address) (Addre
P N STN	Distribusioness, or establishment in which employed or (employer)  SIRTHPLACE (State or country)  10 NAME OF FATHER  11 BIRTHPLACE OF FATHER  OF FATHER	Contributory Secondary  Duration  Signed  (Signed)  (Signed)  *State the Disease Causing Death, or, Violent Causes, state (1) Means of Injury Accidental, Suicidai or Homicidal.  18 LENGTH OF RESIDENCE (For Hospitals, 1)
RENTS 6	DIRTHPLACE (State or country)  10 NAME OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER OF MOTHER  OTHER  OF MOTHER  OF MOTHER  OTHER  OTHER	Contributory Secondary  Duration  Signed  (Signed)  *State the Disease Causing Death, or, Violent Causes, state (1) Means of Injury Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For Hospitals, ients or Recent Residents)
ARENTS 6	DIRTHPLACE (State or country)  10 NAME OF FATHER  11 BIRTHPLACE (State or country)  12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE OF MOTHER  14 BIRTHPLACE OF MOTHER  15 BIRTHPLACE OF MOTHER  16 BIRTHPLACE OF MOTHER  17 BIRTHPLACE OF MOTHER  18 BIRTHPLACE OF MOTHER  19 BIRTHPLACE OF MOTHER  19 BIRTHPLACE OF MOTHER  10 BIRTHPLACE OF MOTHER  11 BIRTHPLACE OF MOTHER  12 BIRTHPLACE OF MOTHER  13 BIRTHPLACE OF MOTHER	Contributory Secondary  Duration  *State the Disease Causing Death, or, Violent Causes, state (1) Means of Injury Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For Hospitals,
PARENTS	Distributions or establishment in which employed or (employer)  INTULLING  IN	Contributory Secondary  Duration  Signed  *State the Disease Causing Death, or, Violent Causes, state (1) Means of Injury Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For Hospitals, ients or Recent Residents)  At place of death yrs. mos. ds.  Where was disease contracted.
PARENTS	DIRTHPLACE (State or country)  10 NAME OF FATHER  11 BIRTHPLACE (State or country)  12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE OF MOTHER  14 BIRTHPLACE OF MOTHER  15 BIRTHPLACE OF MOTHER  16 BIRTHPLACE OF MOTHER  17 BIRTHPLACE OF MOTHER  18 BIRTHPLACE OF MOTHER  19 BIRTHPLACE OF MOTHER  19 BIRTHPLACE OF MOTHER  10 BIRTHPLACE OF MOTHER  11 BIRTHPLACE OF MOTHER  12 BIRTHPLACE OF MOTHER  13 BIRTHPLACE OF MOTHER	Contributory Secondary  Duration  *State the Disease Causing Death, or, Violent Causes, state (1) Means of Injury Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For Hospitals, ients or Recent Residents)  At place of death  Where was disease contracted, if not at place of death?  Former or
PARENTS	Distributions or establishment in which employed or (employer)  INTULLING  IN	Contributory Secondary  (Signed)  *State the Disease Causing Death, or, Violent Causes, state (1) Means of Injury Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For Hospitals, ients or Recent Residents)  At place of death  Where was disease contracted, if not at place of death?  Former or usual residence
PARENTS	Distributions or establishment in which employed or (employer)  IN NAME OF FATHER  (State or country)  10 NAME OF FATHER  (State or country)  11 BIRTHPLACE  OF FATHER  (State or country)  12 MAIDEN NAME  OF MOTHER  (State or country)  13 BIRTHPLACE  OF MOTHER  (State or country)  PRE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Contributory Secondary  (Signed)  *State the Disease Causing Death, or, Violent Causes, state (1) Means of Injury Accidental, Suicidai or Homicidal.  18 LENGTH OF RESIDENCE (For Hospitals, ients or Recent Residents)  At place of death  Where was disease contracted, if not at place of death?  Former or usual residence  19 PLACE OF BURIAL OR REMOVAL
PARENTS 6	Distributions or establishment in which employed or (employer)  IN NAME OF FATHER  (State or country)  10 NAME OF FATHER  (State or country)  11 BIRTHPLACE  OF FATHER  (State or country)  12 MAIDEN NAME  OF MOTHER  (State or country)  13 BIRTHPLACE  OF MOTHER  (State or country)  PRE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Contributory Secondary  (Signed)  *State the Disease Causing Death, or, Violent Causes, state (1) Means of Injury Accidental, Suicidai or Homicidal.  18 LENGTH OF RESIDENCE (For Hospitals, ients or Recent Residents)  At place of death  Where was disease contracted, if not at place of death?  Former or usual residence  19 PLACE OF BURIAL OR REMOVAL
PARENTS 6	Distribution of employer or (employer)  INTRIBUTION OF FATHER  (State or country)  10 NAME OF FATHER  (State or country)  12 MAIDEN NAME  OF MOTHER  (State or country)  13 BIRTHPLACE  OF MOTHER  (State or country)  14 ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant)  (Address)  (Address)	Contributory Secondary  (Signed)  *State the Disease Causing Violent Causes, state (1) Means of Injury Accidental, Suicidai or Homicidal.  18 LENGTH OF RESIDENCE (For Hospitals, ients or Recent Residents)  At place of death yrs

16 DATE OF DEATH (Month) (Day) (Year)..... CERTIFY, That Lattended the deceased from and that death occurred on the date stated above, at The CAUSE OF DEATH \* was as follows: Contributory Secondary (Address) or, in the Disease Causing Death, Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidai or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-

DATE OF BURIAL

MEDICAL CERTIFICATE OF DEATH

No.

# REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servont, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken er," etc., should be used only when necded. As examples: (a) additional line is provided for the latter statement; it fulness of various pursuits can be known. cupation is very important, so that the relative healthwhatever, write Nonc. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH work, or definite salary), may be entered as Housewife, House household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement Spinner, (b) Cotton mill; (a) Solesmon, (b) nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocreport specifically the occupations of persons en-Foreman, For many occupations a single word or term on especially in industrial employments, it is necesyrs). Farm laborer, At Home, and children, without more precise specification as Day For persons who have no occupation (b) Automobile factory. The material Laborer-Cool mine, etc. not gainfully em-The ques-Grocery, Wom-

s; inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia") Statement of Cause of Death-Name, first, the DIS ed term for the same disease. Examples: Cerebrospina to time and causation), using always the same accept-EASE CAUSING DEATH (the primary affection with respect (the only definite synonym is "Epidemic cerebropneumonia, Bronchopneumonia ("Pneumonia,

> carbolic acid-probably suicide. The nature of the injury accident; Revolver wound of head-homicide; Poisoned by "PUERPERAL seplicaemia," "PUERPERAL peritonitis," etc. "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," stated unless important American Medical Association.) approved tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (c.g., sepsis, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaenia" (merely symptomcausing death), 29 ds.; L. hopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; (Recommendations on statement of cause of Examples: Accidental drowning; Struck by railway train-"Exhaustion," (secondary or intercurrent) affection need Whooping ...... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinomo, Sorcoma, etc., of Never report mere symptoms or terminal condiinterstitial nephritis, by cough; Committee on Nomenclature "Heart failure," "Haemorrhage, Chronic Example: Measles (disease etc. valvular heart The contributory disease; not

If this certificate is looked over thoroughly and all questions

answered in detail; it will prevent further correspondence. All the data is essential and must be batained before the certificate is permanently alled.

BINDIN

FOR

RESERVED

MARGIN

S. No.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II	
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Arteriosclerosis Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
1933			
Other contributory causes of importance.		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIA	ADDITIONAL	SPACE FO	R FURTHER	STATEMENTS	BY	PHYSICIAN
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If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Chronic interstitiat nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 doys ago
BURBAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	Moy 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1 B

1. PLACE OF DEATH	97
County Montgomery	Registration Dist. No. 216
Village or City Reas Cropley	NoSt.,Ward
0	f death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long In U.S. if of foreign birth?
A. 0 90 P.	1 , 1
2. FULL NAME of alali	my ty
(a) Residence: No. (Dudwy (Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX  4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORGED (write the word)	21. DATE OF DEATH  (Month)  (Day)  (Year)
Se. If marriad, widowad or divorced HUSBAND of	22. HEREBY CERTIFM, That I ettended daceasad from
(or) WIFE of Jun Thomas I emifel	Jan. 1, 1930, to Jan. 9, 1933
6. DATE OF BIRTH (month, day, and year) Capall 4 18 HO	I last saw New alive on Jan 3; death is said
7. AGE Years Months Days If LESS than I day, hrs.	to have occurred on the date stated above, at. 3m.
93   9 4 5   I day,hrs.	The PRINCIPAL CAUSE OF DEATH and ralated causar of importanca wera as follows:  Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc  9. Industry or businass in which work was dona, as SILK MILL, SAW MILL, BANK, etc  10. Date daceased last worked et this occupation (month and spent in this occupation (month and spent in this occupation).	Eurous asteriosclerous
9. Industry or business in which work was done, as SILK MILL,	
SAW MILL, BANK, etc	
this occupation (month and spent in this occupation	Out Could be County
12. BIRTHPLACE (city or town) Atrono hur	Other Contributory Causes of importance:
(Stata or country) Sugland	Leculary '
13. NAME Victorial Riggles	/
13. NAME Victorial Riggles  14. BIRTHPLACE (city or town) Longland	Name of operation Data of
(State of country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)	23. If death was due to external causes (VIOLENCE) filt in also the following:
16. BIRTHPLACE (city or town) Malary (Stata or country)	Accidant, suicide, or homicide?
17. INFORMANT Mus. Wm. L. Prodoley	Where did Injury occur?(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
(Addrass) (Involvey - V. O. Maryland  18. BURIAL, CREMATION, OR REMOVAL)	
Place Terman Ch. try Date Jan 12, 19.33	Manner of injury
19. UNDERTAKERUM Azuben Jumplure	24. Was disease or injury in any way related to occupation of daceasad?
(Address) Tooleville Mcl.	If so, specify (Signed)  (Signed)  M. D.
20. FILED ans. 11, 1933 Dery Clary. Registrat.	(Address) Betherlay, Md.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Chronic interstitial nephritis	1921	Run over by street car	1 week age
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		A STANSON AND A	3
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

FOR BINDING

MARGIN RESERVED

STATE OF MARYLAND—	CERTIFICATE OF DEATH 00769
1. PLACE OF DEATH	95-2
County Mant annew la	Registration Dist. No. 2/4
Village or City Selected the Trans	No. marglewood Santanian Ward
(If	death occurred in a hopoital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs3mos	ds. How long in U.S. if of loreign birth?yrsmosds.
2. FULL NAME Tulliges Summa	
(a) Residence: No. 12 W. Friederst, alex 2	Mard. Celegadea Va.
(Usual place of abode) / PERSONAL AND STATISTICAL PARTICULARS	If perfection give city or town and State  MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH?
OR DIVORCED (write the word)	Hannay 13 1933
5a. Il married, widowed, or divorced	(Month) (Oay) (Year)
HUSBAND of (or) WIFE of	22. HEREBY CERTIFY That I attended deceased from
Julie L. Venlips	Och 4 ,1932, to Jan 13 , 1938
6. DATE OF BIRTH (month, day, and year) Let 12-1874	I last saw h alive on 2 , 19.23; death is said
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at
3 758 11 ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER,	
SAWYER, BOOKKEEPER, etc.	Mente Cardise Dilatin
work was done, as SILK MILL, SAW MILL, BANK, etc	
0 10. Date deceased last worked at 11. Total time (years)	
this occupation (month and year)	
12. BIRTHPLACE (city or town)	Other Contributary Causes of importance:
(State or country) Alexandria, /d.	Chrome Mes - 11ki
13. NAME Rabert J. Lucas Sr.	
14. BIRTHPLACE (city or town)	Name ol operation
(State or country) Walsbyurg, 1. M	What test confirmed diagnosis? Phinical Was there an autopsy? Le
15. MAIDEN NAME Aune & Lucos	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Aune E. Luca.  16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
E (State or country) Allaguation 10	Where did injury occur?
17. INFORMANT My Robert J. Lucas	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Dlexandria, Na	
18. BURIAL, CREMATION, OR REMOVAL	Manner ol Injury
Place Allexandria Va Date Jan 13, 1933	Nature of injury
19. UNDERTAKER Cumingham tuneral Home	24. Was disease or injury In any way related to occupation of deceased?
(Address) 809-le grasson of alex of	If so, specify A A A
20, FILEO Jan 13, 1933 J.E. Dudley	(Signed) (selsand 10. Hilladean M. D.
Detty Reporter.	(Address) 7012 - K. St. my, Wash, St
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Chronic interstitial nephritis. Cerebral hemorrhage	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

00770

1. PLACE OF DEATH	93:2)
County Monx asmery.	Registration Dist. No. 22
Village or City Ta Koma Park	Notines Ring tan Sanix arium + Hass Pital Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	death occurred in a horpital or institution, give its NAME instead of street and number)  1. ds. How long in U.S. if of foreign birth?yrs
2. FULL NAME Mr. /yra S. Post	
(a) Residence: No. 1447 U.S.A. (Usual place of abode)	St., hw. Ward. Washington D.C. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED.	21. DATE OF DEATH
male white word)	(Month) (Day) (Year)
5a. if married, widowed, or divorced	0
HUSBAND OF Mary Ellen Post	22. I HEREBY CERTIFY, That I ettended decessed from
6. DATE OF BIRTH (month, day, and year) Son. 20 1876	I last saw h alive on 1933 : death is seid
7. AGE Years Months Oays if LESS than	to have occurred on the date stated above, at 9:56 am.
3-6 11 17 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importence
8 Trade profession or particular	Oate of onset
kind of work done, as SPINNER, Store Keeper  Mindustry or business in which work was done, as SILK MILL.	Byrandyl Segmentin ?
	Cardiacolcompensation de vi
SAW MILL, BANK, etc	
this occupation (month end 1932 spent in this 5 42s	
	Other Contributory Causes, of importance:
12. BIRTHPLACE (city of town) TWOM  (Stete or country) New York	Carrie famile Jan 6
# 13. NAME M. John M. Post	
13. NAME Mt. John M Post	Name of operation Page Date of
(Stete or country) New York	What test confirmed diegnosis? Was there an autopsy?
15. MAIDEN NAME ROSEXA Wiver	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Rase Xa Wixer  16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
(State or country) New York,	Where did injury occur?
17. INFORMANTILA Shine Lan Sanitarium Records	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Taxoha Park md.	
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Piece Bate. 19	Nature of injury
19. UNOERTAKER JO. X. TUE.	24. Was disease or injury in any wey related to occupation of deceased?
(Address) Clarendon, 0=	if so, specify
20. FILEO Jan 6, 19.33 Ho Le . Rogers	(Signed) Juliana Jack M. D.
(Registrar.	(Address)

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Example I	11	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car A	1 week ago
Cercbral hemorrhage	July 5,1927	Peritonitis	3 days ago
		EEGL V 0.22	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND-CERTIFICATE OF DEATH 1. PLACE OF DEATH County Registration Dist. No. Village or City\_\_\_\_ (If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence in city ar town where death occurred How long in U.S. if of foreign birth?\_\_\_\_\_yrs.\_\_\_\_mos.\_\_\_\_ds. statement PHYSICIAN 2. FULL NAME SCORD. (a) Residence: No. (Usual place of abode) If honresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH OR DIVORCED (write the word) (Year) BINDING 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of 6. DATE OF BIRTH (month, day, end yeer) 7. AGE Years Months Days If LESS than 1 day, ....hrs. The PRINCIPAL CAUSE OF DEATH and relaced cause or .... min. Trade, profession, or particular OCCUPATION RESERVED kind of work done, as SPINNER. SAWYER, BOOKKEEPER, etc .. may 9. Industry or business in which work was done, as SILK MILL SAW MILL, BANK, etc.\_\_\_\_\_ 10. Date deceased last worked at 11, Totel time (years) this occupation (month and spent in this vear) ..... occupation\_ instructions Other Contributory Causes of importance: MARGIN 12. BIRTHPLACE (city or town (State or country) 13, NAME See FAT 14. BIRTHPLACE (city or town) Name of operation. (State or country) What test confirmed diagnosis? ..... Was there an autopsy? MOTHER 15. MAIDEN NAME 23. If death was due to external causes (VIOLENCE) fill in also the following: 16. BIRTHPLACE (city or town) ... Accident, suicide, or homicide?\_\_\_\_\_ Dete of injury\_\_\_\_\_ 19\_\_\_\_ (State or country) Where did injury occur?\_\_\_\_ (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. 17. INFORMANT (Address) OF 18. BURIAL, CREMATION, OR REMOVAL Manner of injury Date / 1933 Neture of injury 24. Was disease or injury in any way related to occupation of deceased 19 UNDERTAKER V. S. No. 1 (Address) If so, specify (Signed) 20. FILED. (Address) If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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Example II Example I The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Attock of epilepsy . C . A OVANIA 1 week ogo 1915 Arteriosclerosis 1921 Run over by street car Chronic interstitial nephritis 1 week ago Cerebral hemorrhage July 5,1927 Peritonitis 3 doys ogo Other contributory causes of importance: Other contributory causes of importance: Gostroen teritis Gollstones Moy 1,1923 1 year

#### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

1966

FOR BINDING

MARGIN RESERVED

V. S. No. 1

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STATE OF MARTLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(30)
County Montgomens	Registration Dist. No. 2/4
Village or City Silver Spring, Made	No. Masslewood Variation St., Ward death occurred in a hospital or institution give its NAME instead of street and number)
Length of residence In city or town where death occurredyrsmos	
2. FULL NAME agrees Gunghines	
(a) Residence: No. Office Still Ited (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)  The desired word)	21. DATE OF DEATH  Month)  (Pay)  (Year)
5a. If merried, widowed, or divorced HUSBAND of (or) WIFE of Carres To-Sumblesees	22. I HEREBY CERTIFY, Thet I attended deceased from
6. DATE OF BIRTH (month, day, end year) Seff. 10 - 18-19 7. AGE Years Months Deys If LESS than	I last sew here alive on last stated above, at 4. 9.70m.
1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH end releted causes of importance
Z 8. Frede, profession, or particular	were as follows:
kind of work done, as SPINNER SAWYER, BOOKKEEPER, etc.	Vilmonay Edman
kind of work done, as SPINNER SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc.  10. Dete deceased lest worked at this occupation (month end	
10. Dete deceased lest worked at this occupation (month end year)	
12. BIRTHPLACE (city or town) Ivasle, 5	Other Contributory Causes of importence:
(State or country)	Citale Maplintes
14. BIRTHPLACE (city or town) Wall, De	Name of operation
(State or country)	Whet test confirmed diagnosis?
15. MAIDEN NAME Circlella Trains	23. If deeth wes due to external causes (VIOL ENCE) fill in also the following:
15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (Stete or country)	Accident, suicide, or homicide? Date of injury, I9
17. INFORMANT Stanley Completing	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
CONTRACTION OF BENOVAL DE 21/ 1933	Manner of injury
19. UNDERTAKE THOS To Thurray of Jone (Address) 27 7 Mushala are as	28: Wes disease or injury in any way releted to occupetion of deceesed?
20. FILED 1/19, 19.33 5 & LOURSEY CL	(Signed) Tichaell J. Hiladaan M. D.
Registrat.	(Address) Zalz A. St. zul Wash-A

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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9.—The industry or business in which the work was done.

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11.—The number of years the deceased followed the occupation.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
, =	P2 ± 1		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

· ha			2
County Montgon	ery	Registration Dist, No.	2/3
Village or City	fatthersburg	No. St., death occurred in a hospital or institution, give its NAME instead of street and	Ward
Length of residence in city or town where dee		ds. How long in U.S. if of foreign birth?yrsm	
7 '0	to a last		
2. FULL NAME fruite	musel form	2	
(a) Residence: No.	(Usual place of abode)	St., Ward.  If nonresident give city or town and	State
PERSONAL AND STATISTIC		MEDICAL CERTIFICATE OF DEATH	5.410
3. SEX 4. COLOR OR RACE	S. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH	
Final White	OR DIVORCED (write the word)	about Jan. 30	, 193 3 -
5a. If married, widowed, or divorced	7774	(Month) (Dey)	(Yeer),
HUSBANO of (or) WIFE of	V	22. I HEREBY CERTIFY, Thet I attended	deceased from
	-ff) 7. 1022	m Jan 21 ,1933,10	, 19
6. DATE OF BIRTH (month, day, and year) box	Jun 20, 1933.	1 Jest saw h alive on	; death is soi
7. AGE Years Months	Oays If LESS than 1 dey,hrs.	to heve occurred on the date steted ebove, etm.	
Stellborn	ormin.	The PRINCIPAL CAUSE OF DEATH end releted causes of importence were as follows:	Date of onset
8. Trade, profession, or perticuler			
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.		Stillberth at 4-5 month	5 -
9. Industry or business in which work was done, as SILK MILL,	\	If for the solver of aboute	1
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	11, Totel time (years)	Cather free front for	
this occupation (month and year)	spent in this	and placents	1.
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	- i occupation	Other Contributory Canses of importance:	
12. B1RTHPLACE (city or town)(State or country)			
13. NAME Inhoros	~_		-
		Name of operation Dete of	
(ototo or cooking)		What test confirmed diagnosis? Was there en	utopsy?
15. MAIDEN NAME Funktion	~~	23. If deeth wes due to external causes (VIOLENCE) fill in elso the following	
16. BIRTHPLACE (city or town)		Accident, suicide, or homicide? Dete of injury	, 19
≥   (State or country)		Where did injury occur? (Specify city or town, county and State	e)
17. INFORMANT		Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PL	ACE.
(Address)			
18. BURIAL, CREMATION, OR REMOVAL		Manner of injury	
Place - Policy -	_Date, 19	Nature of injury	
19. UNDERTAKER		24. Was diseese or injury in any wey releted to occupation of deceesed?	120
(Address)		If so, specify	

(Address) howevill

Registrar.

mrs. W.J. Prece

., 1933

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Example I Example II The principal cause of death and related causes | Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arterioselerosis Attack of epilepsy 1915 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

V. S. No. 1

STATE OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	46
County Montagnery	Registration Dist. No. 2/6
Village or City Chevy Chase hed	No. 20 Grafton St. Ward
Length of residence in city or town where death occurredyrsmos	death occurred in a hospital or institution, give its NAME instead of street and number)
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	A C How long in U.S. If pt foraign birth?mosds.
2. FULL NAME Margaret M Reylo	e a
(a) Residence: No. 20 Strafton (Usual place of abode)	St., Ward.
PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
levels white OR DIVORCED (write the word)	January 17, 193 5
54. If married, widowed, or divorced	(Month) (Day) (Year)
(or) WIFE of Engene Reybold	22. I HEREBY CERTIFY, That i attended deceased from
01001115811	11-3-32,19 ,10 1-16-83 ,19
6. DATE OF BIRTH (month, day, and yaer) Saft 24, 1884  7. AGE Yaars Months Days If LESS than	I last saw h LA. alive on /-/6-33 ,19 ; death is said
44 Q 2 1 day,hrs.	to have occurred on the date stated abova, at \$2.35 Am.  The PRINCIPAL CAUSE OF DEATH and related causes of importence
Z 8. Trade, profassion, or particular	ware as follows:
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, atc.  9. Industry or businass in which work was dona, as SILK MILL, SAW MILL, BANK, atc  10. Date deceased last worked at this pecuation (month and	adensearemona of recum 1930
9. Industry or businass in which	
work was dona, as SILK MILL, SAW MILL, BANK, atc	
2 Spailt III (III)	
year) occupation	Othar Contributory Causes of importanca:
12. BIRTHPLACE (city or town) Phila delphia Va	
(Stete or country)	
13. NAME Robert M Moore 14. BIRTHPLACE (city or town) Philadelphia Pa	
14. BIRTHPLACE (city or town) I had a delphice Na. (State or country)	Name of operation 2001 Data of
	What tast confirmed diagnosis? Was there an autopsy?
E Table of acceptance	23. If daath was due to axtarnal ceuses (VIOLENCE) fill in also tha following:
State or country)	Accidant, suicida, or homicide?, 19, 19, 19
8 110 1 10	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Car glace Castrolo	Specify whether injury occurred In INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Washing ton S. C. Data fam 17, 1933	Natura of injury
19. UNDERTAKER John B. Weight	24. Was disease or injury in any way raiated to occupation of deceasad?
(Address) 1337-10 If you Chush A	If so, specify
20. FILED Jan 17 1933 Benc Porry	(Signed) Llouong M.D.
Refistrar.	(Address) Seneral Weshers any
If more blanks are needed, address state Registrar,	1411 N. Charles Street, Baltimore, Requesting U. S. No. 14 5 arms.
	a survey,

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER	STATEMENTS	BY	PHYSICIAN
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STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH OCCI pluods County mould one Registration Dist. No. 214 Village or City. (If death occurred in a horpital or institution, give its NAME instead of street and number) vrs. \_\_\_\_\_ds. How long in U.S. of foreign birth? \_\_\_\_\_vrs. \_\_\_\_mos. \_\_\_\_ds. Length of residence in city or town where death occurred statement ellow Jumphones 2. FULL NAME Losa (a) Residence: No. Ward. (Usual place of abode) If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. 21. DATE OF DEATH OR DIVORCED (write the word) alian 4 (Month) 5a. If married, widowed, or divorced HUSBANO of 22. I HEREBY CERTIFY. That I atlended deceased from (or) WIFE of nov 2, 1932 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months If LESS than to have occurred on the date stated above, at 3. Days 1 day, ..... hrs. 2) The PRINCIPAL CAUSE OF DEATH and related causes of importance 3 or .... min. Oate of onset 8. Trade, profession, or particular kind of work done, as SPINNER, OCCUPATION SAWYER, BOOKKEEPER, etc..... may 9. Industry or business in which Should work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at 11. Total time (years) this occupation (month and spent in this that occupation ... 12. BIRTHPLACE (city or town) (State or country) FATHE See 14. BIRTHPLACE (city or town) Name of operation...... Oate of...... plain (State or country) What test confirmed diagnosis?\_\_\_\_\_ Was there an autopsy?\_\_\_\_ carefully MOTHER 15. MAIOEN NAME 23. If death was due to external causes (VIOLENCE) fill in also the following: in importan Accident, suicide, or homicide?\_\_\_\_\_\_ Date of injury\_\_\_\_\_, 19\_\_\_\_\_, 16. BIRTHPLACE (city or town) (State or country) Where did injury occur?\_\_\_\_ DEA (Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or In PUBLIC PLACE. 17. INFORMANT plnods very OF (Address) 18. BURIAL CREMATION OR REMOVAL Manner of injury WRITE CAUSE mation LION Nature of Injury\_\_\_\_ 24. Was disease or injury in any way related to occupation of declased? (Address) If so, specify m 20. FILED Jan 5 193 (Address) AZZ If more blanks are needed, addies State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example II / ED	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	
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Chronic interstitial nephritis TIRY TO VE	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL S	DACE FOR FUR	THE TAXABLE PROPERTY AND A STREET OF THE PARTY OF THE PAR		
	PACE FOR FUR	THER STATEMENTS B	Y PHYSICIAN	

should state

1. PLACE OF DEATH	(48)
county Montgomery	Registration Dist. No. 223
Village or City Washington Sanitarium + Hose	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where deeth occurredyrsmos	
2. FULL NAME Jane Sherzer	
(a) Residence: No. 2819 R St. Nw. Washi. D. P. (Usual place of abode)	. <del>St.</del> , Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX  4. COLOR OR RACE  White Single, MARRIED, WIDOWED, OR DIVORCED (write the word) Single	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Oct. 23, 1858	1 last saw here elive on Jan 12, 1933 death is seid
7. AGE Years Months Days If LESS than	to have occurred on the date wated above, at
74 2 20   1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importance were es follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Addisons Disease may
12. BIRTHPLACE (city or town) Franklin (State or country)	Other Coatributory Causes of importence:
E 13. NAME Jacob Weinland	
13. NAME Jacob Weinland 14. BIRTHPLACE (city or town) Anville	Name of operation Date of
(State of country)	What test confirmed diagnosis? Was there an autopsy340_
15. MAIDEN NAME Mary Forman	23. If death was due to external causes (VIOLENCE) fill In also the following:
15. MAIDEN NAME Mary Forman  16. BIRTHPLACE (city or town)  (State or country)	Accident, suicide, or homicide?
17. INFORMANT Washington San. + Hosp. records (Address)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURTAL, CREMATION, OR REMOVAL Place Nashington DC Date Jan 12, 19 33	Manner of injury
19. UNDERTAKER Almus R Speare (Address) 1623-Company	24. Was disease or injury in any way related to occupation of deceesed? (1)
20. FILED Jun 12 , 1933 Registral,	(Signed M. D. (Address) Takawa Yark W. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis Attack of epilepsu-1915 1 week ago Chronic interstitial nephritis Run over by street car 1991 1 week ago Cerebral hemorrhage Julu5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

te r	STATE OF MARYLAND—	CERTIFICATE OF DEATH
infor- state UPA-	1. PLACE OF DEATH	
of OCC	county montgonery county	Registration Dist. No. 217.
shot of .0	Village or City Fairland	No. St., War
161 14		death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long in U.S. If of foreign birth? /yrsmosd
Every CIANS ement	2. FULL NAME James Baden Sol	er
	(a) Residence: No. Sairland, mayland	St., Ward.
ECORD. PHYSI xact stat	(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State
Xac F	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED.	MEDICAL CERTIFICATE OF DEATH  21. DATE OF DEATH
ENY TLY.	male white OR DIVORCED (write the word)	January 3/, 193 3 (Month) (Oay) (Year)
AN AN C C Ssifi	5a. If merried, widowed, or divorced HUSBANO of (or) WIFE of	22.   HEREBY CERTIFY, That I attended deceased fro
BINI ERM EX / clas	0 0 15 1453	Jan 29 , 1933, to Jan 30 , 1933
PE PE	6. DATE OF BIRTH (month, day, and year) 20 25 7 2 7. AGE Years Months Days If LESS than	I last saw have alive on Jane 3.0 , 19.7.3 ; death is sai
FOR B. IS A PE stated E properly certificate	8-0 / 1 dey,hrs,	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
~ W	8. Trade, profession, or particular	Oate of ense
TED THIS I be y be k of	kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Chronic myocardita Jan 21
VK—T should it may n back	SAWYER, BOOKKEPER, etc.  Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased lest worked at this occupation (month and second in the seco	
00 6	10. Date deceased lest worked at this occupation (month and spent in this	
RE ING I AGE that	this occupation (month and year) spent in this 60 occupation	Other Contributory Causes of Importance:
ADINA d. A s, so t	12. BIRTHPLACE (city or town) Auroparation (State or country)	
MARGIN RI UNFADING supplied. AGI n terms, so tha	E 13. NAME AMUS Soher.	
MA H Un supplie te	13. NAME MUS Soper.  14. BIRTHPLAGE (city or town) Burtonshule	Name of operation. Quality Oate of
Tru Ily Slai	(State of country)	What test confirmed diagnosis? Was there en autopsy?
efully in pla	15. MAIOEN NAME ? Whenown.  16. BIRTHPLACE (city or town). ? Minkmoun.	23. If death was due to external ceuses (VIOLENCE) fill in elso the following:
ort H Car.	16. BIRTHPLACE (city or town) 1 Makewayy  (State or country)	Accident, suicide, or homicide?, Date of Injury, 19,
AINLY, W. ld be careful DEATH in py important.	0 11.	Where did Injury occur? (Specify city or town, county and State)
ABBA	(Address) 181 Konula 2 Mai	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
E 00 00	18. BURIAL, CREMATION, OR REMOVAL	Menner of injury
WRITH mation : CAUSE TION is	Place antenswell Date d	Nature of injury
WRIT mation CAUSE TION i	19. UNDERTAKER Lloydo I Causer	24. Wes disease or Injury In any way releted to occupation of deceased? 24
B. B.	(Address) Laurel md.	If so, specify
> z	20. FILED IN 1981 COS arms ley Registrar.	(Signed) M. (Address) 4323 Vicence and M.
4	If more blanks are needed added State Parish a	N Challenge Bliff B. Challenge A. Challenge

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	il il	Example II	
The principal cause of death and related causes of importance were as follows:	Dete of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis 1093	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage UV. S	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIA	ADDITIONAL	SPACE FO	R FURTHER	STATEMENTS	BY	PHYSICIAN
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15

# HEALTH DEPARTMENT—CITY OF BALTIMORE

00778

ADDRESS

	CERTIFICATE	E OF DEATH.
C	1-PLACE OF DEATH Montgomery Co Bithwood Md. HV OF BALTIMORE: (NO. 2-FULL NAME John Stewart	REGISTERED NO. 2/6  (If death occurred in a hospital or institution, give its NAME instead of street and number.)
	(a) RESIDENCE NO.5.30 Maple Ridge Rd. (Usual place of abode) Length of residence in city or town where death occurred 5 yrs. mos.	
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S	EX 4 COLOR OF RACE 5 Single, Married, Widowed,	16 DATE OF DEATH (month, day, and year) Jany 26" 1933
5a	If married, widowed, or divorced HUSBAND of (or) WIFE of Rachell & Stewart	I HEREBY CERTIFY, That I attended deceased from  1932, to 26, 1933.  (that I last saw h malive on 1933.
7 1	ATE OF BIRTH (month, day, and year) 14-23   847  AGE Years Months Days   1f LESS than 1 day,hrs. ormin.	and that death occurred, on the date stated above, at 3
R	(a) Trade, profession or particular kind of work	(duration)
7	(b) General nature of industry, husiness, or establishment in which employed (or employer)	CONTRIBUTORY GALLACTICO (Secondary)
K	(c) Name of employer	(duration) yrs, inds, ds,
9 1	STATE OF COUNTY) Was king for Af.	18 Where was disease contracted if not at place of death?
	10 NAME OF FATHER Charles Stewart	Was there an autopsy?
ENTS	11 BIRTHPLACE OF FATHER (city or town) Washing to	What test confirmed diagnosis?  (Signed), M. D.
AB	12 MAIDEN NAME OF MOTHER	1/26, 1933 (Address) (3) these (1)
	13 B1RTHPLACE OF MOTHER (city or town) (State or country)	*State the Disease Causing Death, or in deaths from Violent Cnuses, state (1) Means and Nature of Injury, and t2) whether Accidental Suicidal, or Homicidal. (See reverse side for additional space.)
14	Informant Gertrude Jarvis (Address) Rether da Md	19 PLACE OF BURIAL, CREMATION OR RE- DATE OF BURIAL Shows to 25/93

20 UNDERTAKER

Registrar

# REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH.

[Approved by U. S. Census and American Public Health Asso.]

or industry, and therefore an additional line is profroman, etc. But in many cases, especially in industect, Locomotive engineer, Civil engineer, Stationary spective of age. For many occupations a single word occupation is very important, so that the relative state occupation at beginning of illness. If retired or given up on account of the DISEASE CAUSING DEATH report specifically the occupations of persons engaged or At home, and children, not gainfully employed, as salary), may be entered as Housewife, Housework, only (not paid Housekeepers who receive a definite home, who are engaged in the duties of the household without more precise specification, as Day laborer, Automobile factory. The material worked on may mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) when needed. As examples: (a) Spinner, (b) Cotton vided for the latter statement; it should be used only kind of work and also (b) the nature of the business trial employments, it is necessary to know Farmer or Planter, Physician, Compositor, Archior term on the first line will be sufficient, e. g., question applies to each and every person, healthfulness of various pursuits can be known. The occupation whatever, write None. Farmer (retired, 6 yrs.). For persons who have no Housemaid, etc. If the occupation has been changed At school or At home. Care should be taken to Farm laborer, "Laborer," "Foreman," from business, form part Statement of Occupation .- Precise statement of domestic service for wages, as Servant, Cook, of the second statement. Laborer-Coal mine, etc. Women at that fact may be indicated thus: "Manager," "Dealer," etc., Never return (a) the irre-

same accepted term for the same disease. Examples: toneum, etc., Carcinoma, Sarcoma, etc., of ... indefinite); Tuberculosis of lungs, meninges, periport "Typhoid pneumonia"); Lobar pneumonia; (avoid use of "Croup"); Typhoid fever (never re-Cerebrospinal fever (the only definite synonym is respect to time and causation), using always the DISEASE CAUSING DEATH (the primary affection with Bronchopneumonia (name origin; "Cancer" is less definite; avoid use of Statement of Cause of Death .-- Name, first, the cerebrospinal ("Pneumonia," meningitis"); unqualified, Diphtheria

> diseases resulting from childbirth or miscarriage, as can be ascertained as the cause. rhage," "Inanition," "Marasmus," "Old age," "Shock," symptomatic). "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.) conditions, such as "Asthenia," "Anemia" (merely ary), 10 ds. Never report mere symptoms or terminal causing death), 29 ds.; Bronchopneumonia (second stated unless important. Example: Measles (disease Chronic interstitial nephritis, etc. The contributory the American Medical Association.) HOMICIDAL, or as probably such, if impossible to undertaken. "PUERPERAL septicemia," "PUERPERAL peritonitis," "Uremia," "Weakness," etc., when a definite disease "Dropsy," "Exhaustion," "Heart failure," "Hemor-Whooping cough; Chronic valvular heart disease; death approved by Committee on Nomenclature of wound of head-homicide; Poisoned by carbolic acid ing; Struck by railway train-accident; Revolver determine definitely. Examples: Accidental drown-INJURY and qualify as ACCIDENTAL, SUICIDAL. (secondary or intercurrent) affection need not be tetanus) fracture of skuli, and consequences (e. probably suicide. State cause for which surgical operation was (Recommendations on statement of cause of may be stated under the head of "Contribufor For VIOLENT DEATHS State MEANS OF malignant The nature of the injury, as neoplasms); Always qualify all g., sepsis Measles,

FEB 4 1933 URBAU V.

-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state Exact statement of OCCUPA-CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate. N. B.

MARGIN RESERVED FOR BINDING

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	
County Morelsoniery	Registration Dist. Ng. 2/6
Village or City Cheen Cheen	NO 39 E Brodle Jasso Was
(lf	death occurred in a hospital or institution, give its NAME instead of street and number)
Langth of rasidence in city or town where death occurredyrsmos	ds. How long in U.S. if of foreign birth?mosd
2. FULL NAME Many Hawkin	s trussed C 0 " DO.
(a) Residence: No. 39 Grader June (Usual place of abode)	St., Ward.  If nonresident give city or lown and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
femole white OR DIVORCED (write the word)	(Month) (Day) (Year)
5a. Il married, widowad, or divorced	(Month) (Day) (Year)
HUSEAND of Cor) Here Emanue a Tressel	22. I HEREBY CERTIFY, That I attanded deceased fro
Ch. 074 184	7
6. DATE OF BIRTH (month, day, and year)  7. AGE Yaars Months Days If LESS than	t last saw have alive on 1922; death is sa to have occurred on the date stated above, at 10.25 m.
65 10 13 f day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8 Trade profession or particular	were as follows:
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc.  9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and	Constan-noraculou
9. Industry or business In which work was done, as SILK MILL,	unal disease 192
SAW MILL, BANK, etc	
this occupation (month and 1932 spant in this 70	
B. C. Carta	Other Coutributory Causes of importance:
12. BIRTHPLACE (city or town)  (State or country)	A. D. O. S. O. J
13. NAME I Puras Hawkins	the barrens areas
13. NAME Turnas Frances  14. BIRTHPLACE (city or town) Bealswille	Name of operation Data of
(State or country)	What tast confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME many Telagorden	23. If death was due to extarnal causes (VIOLENCE) filt in also the following:
15. MAIDEN NAME Many Teagarden  16. BIRTHPLACE (city or town). Brown State Control of the Contro	Accident, suicide, or homicide? Date of Injury, f9
E (State or country) Columbiano Co. Oh	Where did injury occur?
17. INFORMANT Lama T. Criggs.	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) za Brodling dang (C)	M
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Columnus Stade 9 Jun, 19 33	Natura of injury
19. UNDERTAKER IT Thinkey Go. A.	24. Was diseasa or injury in any way ralated to occupation of deceased?
(Addies) 901-19-481.11.W.W.6.	If so, specify
20. FILED Jan 7, 1933 Day C. Perry	(Signed) M.
Registrar,	(Address) 2/21 - Angalana

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

1. PLACE OF DEATH	F MARYLAND—	CERTIFICATE OF DEATH
County & Morely	0	Registration Dist. No. 218
Village or City Jackhie	usburg,	No. St., W death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where o	death occurred yrsmos	ds. How long in U. S. if of foreign birth?yrsmos
2. FULL NAME Shill be (a) Residence: No. gazza	Justing Machania (Usual place of abode)	St., Sward.  If nonresident give city or town and State
PERSONAL AND STATIST		MEDICAL CERTIFICATE OF DEATH
SER 4. COLOR OF RACE-	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  (Month)  (Day)  (Year
a. If married, widowed, or divorced HUSBAND of (or) WIFE of		22. I HEREBY CERTIFY, That I attended deceased
. DATE OF BIRTH (month, day, and year)		I last saw h. alive on 1933; death is
AGE S Years Months	Days If LESS than 1 day, Ohrs. ormin.	to have occurred on the date stated above, at
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc		Still birth
kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.  9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc.  10. Dato deceased last worked at this occupeling (month and	11. Total time (yeers)	
this occupetion (month and year)	spant in this	
2. BIRTHPLACE (city or town)	herebug	Other Coutributory Causes of importance:
13. NAME Subrey W.	rallere	
13. NAME Aubley (W. )  14. BIRTHPLACE (city or town) The authorized (State or country).	y da con	Name of operation Dete of Was there an autopsy?
15. MAIDEN NAME Mong E	greffen	23. If death wes due to external ceuses (VIDLENCE) fill in also the following:
16. BIRTHPLACE (city or town) That	My Con	Accident, suicide, or homicide?, 19
7. INFORMANT Subsey M. (Address) asighers	walter	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
8. BURIAL, CREMATION, OR REMOVAL	Date Spice 1933	Manner of injury
9. UNDERTAKED AND AND AND AND AND AND AND AND AND AN	Hallen mist	24. Was disease or injury in any way related to occupation of deceased?
O. FILED Jan 5 , 1931 Racke	I Dare Etchison	(Signed) Gaillessing Mg

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arterioselerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5, 1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

MARGIN RESERVED FOR BINDING

V. S. NorT

1,000,000,000,000	00781
PLACE OF DEATH	STATE OF MARYLAND
County Moulgonery	CERTIFICATE OF DEATH
	Registration Dist. No. 21 6
Village or City Bellesda (No. 2000)	St.: Ward)  (If death occurred in a hospital or institution, give its NAME is atead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	
	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, Surgle OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
B DATE OF BIRTH July June 16, 1932	I HEREBY GERTIFY, That I attended the deceased from 25th, 1923, to 25, 1923,
7 AGE (Month) (Day) (Year)	and that death occurred on the date stated above, at 3 40 0 H
l day hrs.	The CAUSE OF DEATH * was as follows:
moa. ds. or min.?	72
8 OCCUPATION (a) Trade, profession or particular kind of work	Drouchoprounoma
(b) General nature of industry	0,000,000,000,000,000,000,000,000,000,
busineas, or establishment in which employed or (employer)	(Duration) yrs, mos ds.
9 BIRTHPLACE (State or country) Chery Chase	Contributory Secondary (Dyfaliog) Dyfal mos. 7 ds.
10 NAME OF FATHER Grove & Hiseler	(Signed) Wellle My Helf M. D. Jac, 26 1933 (Addrew) 3 esterado 24d
OF FATHER (State or country) Virginiae	*State the Discase Causing Death, or, in deaths from Violent Causes, state (1) Meana of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Pland th Lane	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER (State or Country) Atary Rend	ients or Recent Residents) At place In the of death
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(Informant) Claude & Lane	Former or usual residence
(Address) Bethes da And	Con eard. Church Ind Jun 27, 33
Filed Jan 26 192 32 Beng C. Perry Registrar	Lev Hise lo Wash De
If more bianks are needed address tate Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.



(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emer," etc., without more precise specification as  $\nu uy$  laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reployed, as At school, or At home. Care should be taken worked on may form part of the second statement. or given up on account of the DISEASE CAUSING DEATH. to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Deal-For many occupations a single word or term on

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphiheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

Les bered certifies to authorization of change

stated unless important. American Medical Association.) approved (Recommendations on statement of cause of death tetanus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, "Thanition," "Marasmus," "Old Age," "Shock, Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., ol as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was undercan be ascertained as the cause. Always qualify al "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condiby Committee on Nomenclature of the Example: Measles (disease

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 00782
1. PLACE OF DEATH	72-2
MITM County montgomercy	Registration Dist. No. 223
Village or City Jak Jonas Graf. M	death occurred in a hospital or institution, give its NAME instead of street and number)
	./O_ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Edna Wilcox	
(a) Residence: No. 266 Ethan allen	astl., Ward. Land, If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Jan. 7 193 3
5a. If married, widowad, or divorced	(Month) (Day) (Year)
HUSBAND of William Jasiah William	22. Dec. 28 1932, to Jan 7 1933
6. DATE OF BIRTH (month, day, end year) Jan 16, 1862	I last saw h. A elive on Jan 64 , 1933; death is seld
7. AGE Yaars Months Deys If LESS than	to have occurred on the date stand above, at 1.3° 2.m.
70 11 22 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and ralated causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER,	1932
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc.  10. Date daceasad last worked at this occupation (month end	Ly rephatic fectorina Syst. !
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc	-
10. Date daceasad last worked at this occupation (month end 100/19, 1929 spent in this year)	
12. BIRTHPLACE (city or town) Now ark new lersey	Other Contributory Causes of importance:
(Stata or country)	J
13. NAME Charles Robertson	
14. BIRTHPLACE (city or town) Connecticutt	Neme of operation Date of
(State of country)	What test confirmed diagnosis? Lawretony Blood (Fig. Was there an autopsy? Wo
15. MAIDEN NAME Elizabeth Heddon	23. If deeth wes due to external couses (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) Newast No. 4	Accidant, sulcide, or homicida? Date of injury, 19
X (Stata or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Lau. / Cecards.	Spacify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
(Address)  18. BURIAL, CREMATION, OR REMOVAL	
Placa /// ceshington Date /- 10 1950	Menner of injury
19. UNDERTAKER 91. 12. Taller	24. Wes disease or injury in any way related to occupetion of deceased?
(Addrass) 925 m. A. n.lu	If so, spacify
20. FILED Jan 7 , 1932 HEADING	(Signed) M.D.
Registrar.	(Address) 72 2 maple aux. Tatoma 194 la
If more blanks are needed, address State Registrar,	241 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work donc. 9.—The industry or business in which the work was donc.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, ctc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related cau of importance were as follows:	Ses Date of onset
Arteriosclerosis	1916	Attack of epilepsy 'S' A OVEHOR	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis { \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	3 days ago
		CEAYERS	
Other contributory causes of importance:  Gallstones	May 1,1923	Other contributory causes of importance:  Gastroenteritis	1 year

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· Example I Example II The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of enilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Julu 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroen teritis 1 year

STATE OF MARYLAND—	CERTIFICATE OF DEATH 00784
County Montgomery	Registration Dist. No. 2/6
Village Dr City Betherda	
(If	death occurred in a hospital or institution, give its NAME instead of street and number)
111.00 13136	ds. How long in U.S. if of foreign birth?ds.
(a) Residence: No.	is Woodywel St., Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
male W OR DIVORCED (quite the word)	Jan 7, 193 3 3
5a. If merried, widowed, or divorced HUSBAND of	(Month) / (Dey) (Yeer)
(or) WIFE of	22.   HEREBY CERTIFY Thet I attended deceesed from
6 DATE OF BURLIN (most) 400 most 400 mo	lest saw have elive on the lest saw have elive on the lest said
6. DATE OF BIRTH (month, dey, and yeer) 7. AGE Years Months Deys   ft LESS then	to heve occurred on the date steted above, et
1 dey, hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of Importance were es follows:
8 Trade profession or particular	Date of onset
kind of work done, es SPINNER, SAWYER, BDDKKEEPER, etc.	Volunture book
9. Industry or business in which work wes done, es SILK MILL, SAW MILL, BANK, etc	1 1/1 ms
SAWYER, BDDKKEEPER, etc.	
12. BIRTHPLACE (city or town) But he for (State or country)	Other Contributory Causes of importence:
E P Latter	
14. BIRTHPLACE (city or town)   Catherine (State or country)   Va	Whet test confirmed diagnosis? Wes there an autopsy?
15. MAIDEN NAME Vingie Randall	Whet test confirmed diegnosis? Wes there an autopsy? Wes there an autopsy? 23. If deeth was due to externel causes (VIOL ENCE) fill in also the following:
15. MAIDEN NAME Vingie Raudall 16. BIRTHPLACE (city or town) Prince William (State or country)	Accident, suicide, or homicide?
17, INFORMANT Ben, I modys d (Address)	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HDME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OB REMOVAL	Menner of injury
Place Buchhall Va Date Jan. 4, 1933	Neture of injury
19. UNDERTAKER Warney & Sungfruy. (Address) Rapillo my	24. Was disease or injury in any way related to occupetion of deceesed?
20. FILED Jan 9, 1933 Benj C. Perry Registrar L	(Signed) G. J. Janes Jews M. D. (Address) Bether Str. M. D.

If more blank fre needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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		A STATE OF S	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year